

[Insert Company Name and Logo, as desired]

EMPLOYEE REQUEST FOR PAID LEAVE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (“FFCRA”)

Name: _____ Emp. ID#: _____

Under the terms of the FFCRA, I am requesting to take leave under this/these qualifying reason(s):

Please check the box(es) as appropriate.

<input type="checkbox"/>	#1 I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19	<input type="checkbox"/>	#4 I am caring for an individual subject to an order described in #1 or self-quarantine as described in #2
<input type="checkbox"/>	#2 I have been advised by a health care provider to self-quarantine related to COVID-19	<input type="checkbox"/>	#5 I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons
<input type="checkbox"/>	#3 I am experiencing COVID-19 symptoms and am seeking a medical diagnosis	<input type="checkbox"/>	#6 I am experiencing a substantially similar condition specified by the U.S. Department of Health and Human Services

If you request leave because you are subject to a quarantine or isolation order or to care for an individual subject to such an order, please provide the name of the government entity that issued the order: _____

If you request leave to self-quarantine based on the advice of a health care provider or to care for an individual who is self-quarantining based on such advice, please provide the name of that health care provider: _____

Name and relationship of individual who is self-quarantining: _____

I request leave for this time period: _____ First day of FFCRA Leave: _____

Return to work date: _____

I request to be paid for this FFCRA leave on the following basis:

<input type="checkbox"/>	A. Up to two weeks of Emergency Paid Sick Leave at 100% pay for qualifying reasons #1, #2, or #3 above, up to \$511 per day or \$5110 total
<input type="checkbox"/>	B. Up to two weeks of Emergency Paid Sick Leave at 66.7% pay for qualifying reasons #4, or #6 above, up to \$200 per day, or \$2000 total
<input type="checkbox"/>	C. Up to twelve weeks of Emergency Paid Sick Leave and Expanded Family and Medical Leave paid at 66.7% for qualifying reason #5 above, up to \$200 per day, or \$12000 total

<input type="checkbox"/>	I DO wish to use any vacation or PTO pay which is available to me to supplement the 66.7% paid leave indicated above in order to receive full pay for as long as this supplemental pay is available.
<input type="checkbox"/>	I DO NOT wish to use any vacation or PTO pay which is available to me.

I certify that due to the reasons shown above, I am unable to work or to telework during the time period that I have requested for FFCRA leave. I agree that I may be required to provide a note from my health care provider at a later date to support this request.

Employee

Date

APPROVALS:

Supervisor or Manager

Date

Received by HR or Payroll

Date

EMPLOYEE - If an employee has already taken the maximum 80 hours of Emergency Paid Sick Leave or 480 hours Expanded Family Medical Leave at this or any other employer, he or she is not entitled to additional paid sick leave or EFMLA from this or any subsequent employer.

PAYROLL: Retain this form to document employee eligibility and utilization when applying for Sick Leave or Family Leave tax credits

[Insert Company Name and Logo, as desired]

EMPLOYEE REQUEST FOR PAID LEAVE
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (“FFCRA”)
CERTIFICATION OF NEED TO PROVIDE CHILD CARE

Name: _____ Emp. ID#: _____

My child(ren)'s school or childcare provider is unavailable due to COVID-19 causes. The child(ren) I will be caring for are:

Name	Age*	Name of School or childcare provider

According to the IRS COVID-19 [FAQ #44](#), children over the age of 14 may be left alone during daylight hours. If your normal working hours are between 7:00 AM to 6:00 PM, and your child is over 14 years old, please explain what special circumstances exist necessitating your request to take leave in order to provide care:

I certify that no other suitable person will be providing care for the child(ren) named above during the period for which the employee is receiving family medical leave.

Employee

Date

APPROVALS:

Supervisor or Manager

Date

Received by HR or Payroll

Date

EMPLOYEE - If an employee has already taken the maximum 80 hours of Emergency Paid Sick Leave or 480 hours Expanded Family Medical Leave at this or any other employer, he or she is not entitled to additional paid sick leave or EFMLA from this or any subsequent employer.

PAYROLL: Retain this form to document employee eligibility and utilization when applying for Sick Leave or Family Leave tax credits

