Families First Coronavirus Response Act (FFCRA or Act) Leave Request Form

For #1, #2, #3, #4, and #6:

1. Employee’s name: _______________________________ Employee Id Number: ______

2. The date or dates for which leave is requested: __________________________________________

3. A statement of the COVID-19 related reason the employee is requesting leave and written support for such reason: ________________________________________________________________

4. A statement and/or Doctor’s Note that the employee is unable to work, including by means of telework, for such reason.

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19
An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

Please indicate by circling what pertains to your situation:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total

2. has been advised by a health care provider to self-quarantine related to COVID-19; 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total

3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total

4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); 2/3 for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total

5. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. 2/3 for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total

Employee’s Full Name: ____________________________________________

Employee’s Signature: ____________________________________________

(Can be an electronic signature, typed)