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

5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons;


An employee must provide his or her employer documentation in support of paid sick leave or expanded family and medical leave. As provided in § 826.100, such documentation must include a signed statement containing the following information: (1) The employee's name; (2) the date(s) for which leave is requested; (3) the COVID-19 qualifying reason for leave; and (4) a statement representing that the employee is unable to work or telework because of the COVID-19 qualifying reason.

1. The 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 that the employee is unable to work, including by means of telework, for such reason.

______________________________________________________________

Childcare

An employee must provide additional documentation depending on the COVID-19 qualifying reason for leave.

An employee requesting to take paid sick leave under § 826.20(a)(1)(v) or expanded family and medical leave to care for his or her child must provide the following information: (1) The name of the child being care for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave.
5. Full name(s) of the child (children) being care for:

Child #1: __________________________________________
Child #2: __________________________________________
Child #3: __________________________________________
Child #4: __________________________________________

6. The name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons by Child:

Name of Child #1’s school, place of care, or child care provider that closed or became unavailable: __________________________________________

Name of Child #2’s school, place of care, or child care provider that closed or became unavailable: __________________________________________

Name of Child #3’s school, place of care, or child care provider that closed or became unavailable: __________________________________________

Name of Child #4’s school, place of care, or child care provider that closed or became unavailable: __________________________________________

7. A statement representing that no other suitable person is available to care for the child (children) during the period of requested leave:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Employee’s Full Name: ______________________________________________________

Employee's Signature: _______________________________________________________

(Can be an electronic signature, typed)