

Request for Emergency Leave under the Families First Coronavirus Response Act (FFCRA)
Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act

Qualifying employees may take a total of 12 workweeks of leave during a 12-month period under the FMLA, including the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act. To request leave under the FFCRA, provide all of the required information and submit to <email address> or to Human Resources, <company name and address>, along with all required supporting documentation. **Human Resources will respond to your request in writing within 24 hours of receiving your completed request.**

Employee Name: _____ Empl#: _____ Date: _____

This is a (*choose one*): ☐ New request for leave ☐ Request for an extension of leave

Requested leave start date: _____ Expected return to work date: _____

I will need (*choose one*): ☐ Continuous leave ☐ Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

I am requesting emergency paid sick leave for the following reason:

<input type="checkbox"/>	I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity issuing order: _____
<input type="checkbox"/>	I have been advised by a health care provider to self-quarantine related to COVID-19. (<i>Attach documentation from provider advising self-quarantine.</i>) Name and phone number of provider: _____
<input type="checkbox"/>	I am experiencing COVID-19 symptoms and seeking a medical diagnosis. Name and phone number of provider: _____ Date of medical visit: _____ Date results expected: _____
<input type="checkbox"/>	I am caring for an individual who is subject to a federal, state, or local quarantine / isolation order. Name of governmental entity issuing order: _____ Name of the individual for whom you are caring: _____ Relationship to you of the individual for whom you are caring: _____
<input type="checkbox"/>	I am caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19. (<i>Attach documentation from provider advising self-quarantine.</i>) Name and phone number of provider: _____ Name of the individual for whom you are caring: _____ Relationship to you of the individual for whom you are caring: _____
<input type="checkbox"/>	I am caring for a child under age 18 whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 reasons, and no other person will be providing care for the child(ren) during my normal work time. (<i>Attach announcement or other documentation of closure or provider unavailability.</i>) Age of the individual for whom you are caring: _____ Relationship to you of the individual for whom you are caring: _____

Substitution of PTO: Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however you may be eligible for emergency paid leave provided through the FFCRA. In the event you are not eligible for emergency paid leave, you are permitted to use available PTO to cover this period. If you would like to use PTO during the first 10 days of your absence, check the box and indicate how many hours you plan to use. ☐ I want to use PTO Number of Hours: _____

I certify that the above information is accurate and complete, and I have attached or included the required documentation. I attest and agree that I will not work another job during the time I am on emergency leave without prior written authorization by the Company President.

Employee Signature: _____