



Families First Coronavirus Response Act (FFCRA) Leave Request Form

Effective: April 1, 2020 – December 31, 2020

FORWARD COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO HUMAN RESOURCES

DO NOT SUBMIT THIS FORM WITH YOUR TIMESHEET

Qualifying Reasons for Leave Related to COVID-19: A qualified employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because:

Table with 2 columns: Reason for Paid Sick Leave, Rate of Sick Leave Paid. Rows include quarantine orders, health care provider advice, symptoms, caring for quarantined individuals, and other conditions.

Requested Leave:

I am requesting leave under the Emergency Paid Sick Leave Act (EPSLA). #1, 2, 3, 4, 5, or 6 above. Anticipated start date: Number of hours requested (80 hrs. max.):

I am requesting leave under the Emergency Family and Medical Leave Act (EFMLA). #5 above. Anticipated start date: Number of weeks requested (12 weeks max.):

- I am requesting INTERMITTENT LEAVE under the EFMLEA. I am requesting a modified work schedule and will be available to work the following days and hours:

Monday: Wednesday: Friday: Tuesday: Thursday:

I am requesting to use my (circle one) sick/comp/annual leave to supplement my 2/3 pay. #4, 5, or 6 above.

By signing below, I certify I am unable to work (telework) due to the reason marked above and I have discussed my leave request with my supervisor. I understand that falsification of any information regarding this absence, or failure to provide the required documentation and/or return to work after the requested leave period has expired, may be grounds for disciplinary action, up to and including termination.

Employee Name

Employee Signature

Date

Director Name

Director Signature

Date

For HR Use Only:

Approved Denied Modified Date Reviewed Initials Date Timekeeper/Finance Notified