

FFCRA Leave of Absence Request Form

I, _____, request to take a leave of absence based upon the guidelines found in the FFCRA – Family First Coronavirus Response Act.

Specifically, the leave of absence I am requesting is based upon one of the following (Check One):

1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
2. Has been advised by a health care provider to self-quarantine related to COVID-19. Must provide doctor's note.
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Must provide doctor's note.
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
5. Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. **See form below.**
6. Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

I understand that I may be asked to provide documentation authorizing my absence from work.

My FFCRA leave of absence will commence this date: _____

Generally, employers covered under the FFCRA are eligible for:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the regular rate of pay:

- 100% for qualifying reasons #1-3 above, up to \$511 daily and \$5,110 total;
- **2/3 pay for qualifying reasons #4 and 6 above, up to \$200 daily and \$2,000 total; and**
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 above for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

If you take FFCRA leave after a mandatory recall, due to any of the reasons above, you will be ineligible for unemployment because we are legally bound to pay you the formulas listed above.

Staff Signature

Date

For Official Use Only

____ Approved

____ Denied

Management Signature

Date

This is a request form and does not indicate leave is approved. Management may have additional questions and need to consult with labor lawyers. You will be notified when approval or denial is decided.

