

# COVID-19

## Families First Corona Response Act (FFCRA)

### Federal and/or State Paid Sick Leave

### EMPLOYEE REQUEST

Date of Request: _____		
<b>EMPLOYEE INFORMATION</b>	Employee Name: _____	Date of Hire: _____
	Department: _____	Work Site/Location: _____
<b>REASON FOR LEAVE</b>	<p>I request to take federal or state paid sick leave due to COVID-19 because I:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> have been subject to a Federal, State or local quarantine or isolation order</li> <li>2. <input type="checkbox"/> have been advised by a health care provider to self-quarantine</li> <li>3. <input type="checkbox"/> am experiencing COVID-19 symptoms and seeking medical diagnosis</li> <li>4. <input type="checkbox"/> am caring for my minor child who is subject to a quarantine or isolation order OR  <input type="checkbox"/> am caring for someone else who is subject to a quarantine or isolation order, or has been advised by a health care provider to self-quarantine</li> <li>5. <input type="checkbox"/> am the caregiver of my son or daughter under 18 years of age and unable to work or telework because my child's school or childcare service is closed due to a COVID-19 emergency declared by a federal, state or local authority. *</li> <li>6. <input type="checkbox"/> am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.</li> </ol> <p>(Attach supporting documentation: Order of quarantine, healthcare provider notes, daycare/school closure, etc.).</p> <p>*An employee experiencing circumstance #5 should PAUSE here, and also complete the E-FMLA Employee Request for Leave form. This circumstance allows for a total of up to 12 weeks at two-thirds the employee's regular rate of pay, up to \$200/day, provided the employee has been employed for at least 30 days.</p>	
<b>DATES REQUESTED</b>	I request paid sick leave for the following dates (maximum 10 days): _____ to _____	
<b>PAY CALCULATION</b>	<p>Under Federal benefit mandates for COVID-19, full-time employees are eligible for up to 80 hours of paid sick leave (prorated for part-time employees based on average hours over a two-week period). Pay is 100% of the employee's regular rate of pay for qualifying reasons 1-3 above, capped at \$511/day. Pay is two-thirds of the employee's regular rate of pay for qualifying reasons 4-6 above, capped at \$200/day.</p> <p><input type="checkbox"/> If federal sick leave pay is at two-thirds, I elect to use my own accrued sick, vacation, or personal leave to supplement the difference, so that I can receive 100% of my regular pay.</p>	
<b>EMPLOYEE CERTIFICATION</b>	<p>I certify that the information I have provided on this form is true and complete to the best of my knowledge.</p> <p>Employee Signature _____ Date _____</p>	
<b>APPROVAL EMPLOYER USE ONLY</b>	<p># of Federal Paid Sick Days Used: _____ Pay at: <input type="checkbox"/> 100% <input type="checkbox"/> Two-thirds</p> <p>Supplemental Employee Accrued Time Used: _____</p> <p>Denial Reason: _____</p> <p>Company Representative Signature: _____</p>	