

FFCRA Leave Request

Please complete the form below and return it to the Human Resources Team at [COMPANY EMAIL]. Leave requires approval from management and Human Resources. The Human Resources Team may request supporting documentation.

Anticipated Leave Requested

Employee Name: _____

___ I am requesting full leave from ___/___/___ to ___/___/___ (if known)

___ At this time, I am unsure of the length of leave I will need.

___ I am requesting a reduced telework schedule.

I plan to take: ___ Consecutive leave ___ Intermittent leave

Reason for Leave

1. COVID-19 School Leave: I must be absent from work because I need to care for my child(ren) whose school or place of care has been closed, or my child(ren)'s care provider is unavailable, for reasons related to COVID-19 and: (Please check all that apply)

If you are requesting COVID-19 School Leave, please provide the following information:

- The name of the child(ren) being cared for: _____
- The name of the school, place of care, or childcare provider that closed or became unavailable due to coronavirus reasons: _____

___ My job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.

___ At least one of my children for whom I am caring is aged 12 and under OR is over 12 years of age and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended).

___ All of my children for whom I am caring are over age 12 and under age 18, and do not have a disability as defined by the Americans with Disabilities Act (as amended) that renders them incapable of self-care.

___ **(please initial)** There is no person available to care for my child(ren) during the period of requested leave

2. COVID-19 Health Leave: I must be absent from work because of one or more of the following reasons and I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to telework, or I am not permitted to telework by my supervisor: (Please check all that apply)

I have symptoms associated with COVID-19 and I am seeking a medical diagnosis of COVID-19.

I am ill with a confirmed case of COVID-19.

I have been exposed to a person with a confirmed case of COVID-19 and I am exhibiting a cough or shortness of breath/difficulty breathing and/or a fever.

A health care provider has determined that my presence in the workplace may jeopardize the health of others in the workplace because of my likely exposure to COVID-19.

A health care provider has determined that my presence in the workplace may jeopardize my health because of my underlying health condition(s) which render me at greater risk of serious illness if exposed to COVID-19.

A health care provider has advised me to self-quarantine due to concerns related to COVID-19.

3. COVID-19 Care Leave: I must be absent from work because I am caring for an individual who is ill with a confirmed case of COVID-19, who has been advised by a health care provider to self-quarantine for reasons related to COVID-19, or who is subject to a Federal, State, or local isolation or quarantine order related to COVID-19 and: (Please check all that apply)

If you are requesting COVID-19 Care Leave, please provide the name of the health care provider or government entity making the quarantine recommendation: _____

My job responsibilities cannot reasonably be performed through telework, I cannot reasonably perform telework while also providing care, or I am not permitted to telework by my supervisor.

I am caring for an individual who is ill with a confirmed case of COVID-19, who has been advised by a health care provider to self-quarantine for reasons related to COVID-19.

Employee Signature: _____ Date: _____

Please Print Full Name: _____

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____