

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) 4/1/2020 – 12/31/2020
Emergency Paid Sick Leave & Expanded Paid FMLA Request Form

PART A – REQUEST (To be completed by Employee)

Name: _____
Print or Type

REQUEST DATE: _____

I am applying for Paid Leave under FFCRA beginning on _____ and continuing through _____.

☐ **EMERGENCY PAID SICK LEAVE**

- ☐ 1. Ordered by Federal, State, Local government to quarantine or isolate **AND** unable to telework. *This includes Federal, State and/or Local mandated Stay-at-Home rules.* Provide name of the government entity that issued the quarantine or isolation order: _____
- ☐ 2. Advised by Health Care Provider to self-quarantine or isolate **AND** unable to telework. Provide name of health care provider making the quarantine recommendation: _____
- ☐ 3. Exhibiting symptoms and seeking a medical diagnosis **AND** unable to telework. Provide name of health care provider making the quarantine recommendation: _____
- ☐ 4. Caring for an individual who was quarantined or isolated as described in 1 & 2 above **AND** unable to telework. Provide either the name of the government entity that issued the quarantine or isolation order **OR** provide name of health care provider making the quarantine recommendation: _____
- ☐ 5. To care for a minor whose school or childcare is closed due to a health emergency and the provider is not available **AND** unable to telework. Complete Expanded Paid FMLA section below*.
- ☐ 6. The employee is experiencing any other substantially similar condition specified by Health & Human Services **AND** unable to telework

- ☐ **EXPANDED PAID FMLA** (School or Childcare has closed due to health emergency **AND** the employee is unable to work or telework due to the need to provide care for a minor. **Note:** Must be employed by current employer at least 30 days as of Request Date.

Provide any supporting documentation for the individuals listed below. If you have any questions regarding supporting documentation, contact Human Resources department.

*Name of Dependent	*Dependent's Age	*School District/Daycare Facility

Amount of Leave Requested – ANY INTERMITTENT LEAVE REQUEST MUST BE PRE-APPROVED BY EMPLOYER

- ☐ **Emergency Paid Sick Leave** – indicate # of hours requested

	hours	Full Time (Maximum 80 hours)
	hours	Scheduled Part Time (Equivalent of normal 2-week schedule)
	hours	Variable Part Time (Calculated based on historical or anticipated work)

- ☐ **Expanded Paid FMLA (Weeks)** Indicate # of days or weeks requested

<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent (subject to approval by employer AND may not be used if intermittent use increases the risk of spreading COVID-19)
Days / Weeks	Up to 12 weeks total. The first 2 weeks are unpaid; however, available paid leave may be applied.

- ☐ I hereby certify that I cannot work **OR** telework during my Emergency Paid Sick Leave requested.
- ☐ I hereby certify that my minor child who is over the age of 14 needs care during daylight hours due to the following special circumstances which require me to provide care: _____

Employee Signature

Date

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PART B – ELIGIBILITY (To be completed by Human Resources)

This Notice is to inform you that you:

- ☐ Are eligible for Emergency Paid Sick Leave
- ☐ Are eligible for Expanded Paid FMLA
- ☐ Are eligible for intermittent use of approved leave
- ☐ Are NOT eligible for Emergency Paid Sick Leave
 - ☐ Do not meet eligibility requirements
- ☐ Are NOT eligible for Expanded Paid FMLA (only one reason must be checked)
 - ☐ You have not met the FFCRA 30-day length of service requirement
 - ☐ School or Childcare has not closed due to health emergency
 - ☐ You are able to work or telework
- ☐ Are NOT eligible for Intermittent leave for the following reason(s) _____

If you have any questions, contact _____ or view the Employee Rights under Families First Coronavirus Response Act poster located _____.

PART C – BENEFITS (To be completed by Human Resources)

We have reviewed your request for Paid Leave under the FFCRA and any supporting documentation that you provided and determined:

You have been approved for:

- ☐ **Emergency Paid Sick Leave** - Up to 80 Hours (2 weeks) paid leave

	hours	Full Time (Maximum 80 hours)
	hours	Scheduled Part Time (Equivalent of normal 2-week schedule)
	hours	Variable Part Time (Calculated based on historical or anticipated work)
<input type="checkbox"/>	100 % of regular rate of pay as described in # 1, 2 or 3 above (maximum \$511.00/day and \$5,110.00 aggregate)	
<input type="checkbox"/>	2/3 of regular rate of pay as described in # 4, 5, or 6 above (maximum \$200.00/day and \$2,000 aggregate)	

- ☐ **Expanded Paid FMLA** - Up to 12 weeks leave
 - ☐ You have requested to use Emergency Sick Pay during the first two-week waiting period of the leave.
 - ☐ You have requested to use accrued paid leave during the first two-week waiting period of the leave.
 - ☐ You have requested the first two-week waiting period to be **unpaid**.

☐ **Continuous Use**

☐ **Intermittent Use**, per the attached understanding.

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____.

If the circumstances of your leave change, and you are able to return to work OR telework earlier than the date indicated on this form, you must notify us at least two workdays prior to the date you intend to report for work.

Company Representative Signature

Date

This is not a legal document. Please contact your legal counsel for relevant issues. This document represents Mosteller & Associates best understanding of FFCRA as of 4/15/2020.