



**Families First Coronavirus Response Act (FFCRA)
REQUEST FOR EMERGENCY PAID SICK LEAVE**

The *Families First Coronavirus Response Act (FFCRA or Act)* requires certain employers to provide their employees with paid sick leave for specified reasons related to COVID-19. These provisions will apply from April 1 - December 31, 2020.

I understand that leave under the *Emergency Paid Sick Leave Act* is limited to a maximum of 80 hours for full-time employees, and for part-time employees, is limited to the number of hours I normally work in a 2-week period.

I understand that leave for reasons 1, 2, and 3 below will be at my regular pay rate, up to a maximum of \$511 per day or \$5110 total. I understand that leave for reasons 4, 5 or 6 below may be paid at 2/3 of my regular pay rate and capped at a maximum of \$200 per day or \$2000 total. *Note: Employees may be allowed to use annual or sick leave, or other accrued paid time, to make up the difference between the amount paid to the employee under the Emergency Paid Sick Leave Act and the amount of the employee's normal earnings.*

REQUEST FOR LEAVE UNDER THE EMERGENCY PAID SICK LEAVE ACT:

By submitting this form electronically to my department payroll coordinator, I request leave under the Emergency Paid Sick Leave Act. I believe I qualify for this leave because I am unable to work (and am unable to telework) and need leave for one or more of the following reasons (check one or more):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 5) I am caring for my son or daughter because the school or place of care of my son or daughter has been closed, or my son or daughter's child care provider is unavailable, due to COVID-19 precautions.
- 6) I am experiencing a substantially-similar condition specified by U.S. Department of Health and Human Services.

I am requesting this leave from _____ (start date) to _____ (estimated last date).

If this leave request is granted, I agree to notify my department head as soon as the reason(s) for leave I have checked above no longer applies, and, if I am requesting leave for any of the reasons noted in items 1-4 above, agree to speak with my department head or designee before returning to work.

I understand that I may be required, at a later date, to provide documentation to demonstrate my entitlement to the leave requested above.

Employee Name _____ Job Title _____

Employee Signature/Date _____

Department Name _____ Department Head Signature/Date _____

Note: If I am unable to submit electronically, I will mail the completed form to my department payroll coordinator.

Reference: See *Employee Rights* under *The Families First Coronavirus Response Act*.