

**Families First Coronavirus Response Act Paid Leave Request Form**

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19**

I hereby certify that I am unable to work, including unable to telework, because:

\_\_\_1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (Employee must provide the name of the governmental entity that issued the Quarantine or Isolation order);

\_\_\_2. I have been advised by a health care provider to self-quarantine related to COVID-19 (Employee must provide the name of the health care provider who advised to self-quarantine);

\_\_\_3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis (Employee must provide the name of the governmental entity that issued the quarantine or isolation order or the name of the health care provider who advised to self-quarantine);

\_\_\_4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2), and I certify that the individual is a person in my immediate family, who regularly resides in my home, or with whom I have a personal relationship that creates the expectation that I would care for that person (Employee must provide the name of the governmental entity that issued the Quarantine or Isolation order or the name of the health care provider who advised to self-quarantine, as well as the identity of the individual and relationship to Employee);

\_\_\_5. [Option 1] I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons, and I certify that no other suitable person will be caring for my child during the period I am seeking leave and that to the extent that my child is over 14 years of age, my inability to work or telework is because of a need to provide care for my child who is over 14 years of age during daylight hours because special circumstances exist that require me to provide care (Employee must provide the name and age of the son or daughter being cared for, and the name of the school or place of care); or

[Option 2] I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons, and I further certify that no other suitable person will be caring for my child during the period I am seeking leave. Employee must provide the name and age of the son or daughter being cared for, and the name of the school or place of care. The following special circumstances exist requiring me to care for my child over 14 years of age during daylight hours: \_\_\_\_\_

\_\_\_6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

**A. DATES I AM REQUESTING PAID FFCRA LEAVE:** \_\_\_\_\_

**B. DATES I AM REQUESTING TO TELEWORK \_\_\_\_\_ (Teachers Only)  
IN LIEU OF PAID FFCRA LEAVE**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Approval: \_\_\_\_\_

Leave Begin/End Dates: \_\_\_\_\_