

Employee FFCRA Request Form

Updated 4/2/2020

I, _____, am unable to work or telework from _____ to _____ because I:

Employee Name

- Am subject to a federal, state or local quarantine or isolation order related to COVID-19
This reason will likely only apply if an order was specifically issued to you. The Statewide Order impacting our business does not qualify. (attach a pertinent order or supply the name of the issuing government entity)
- Have been advised by a healthcare provider to self-quarantine because I have or may have COVID-19 or am particularly vulnerable to COVID-19 (identify the name of your doctor, and the date when the self-quarantine is scheduled to end)
- Am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Note, leave for this reason is limited to only the time taken to obtain the medical diagnosis, such as making, waiting for, or attending an appointment or COVID-19 test. You must submit a new FFCRA Request in the event you are diagnosed with COVID-19 or advised to self-quarantine. (identify the name of your doctor)
- Am Caring for an Individual¹ who is subject to a quarantine or isolation order, has been advised to self-quarantine because they have or may have COVID-19 due to known exposure or symptoms, or are particularly vulnerable to COVID-19, and this care prevents me from performing available work. (identify the individual, attach the pertinent order or supply the name of the issuing government entity, identify the name of the doctor (if relevant), and provide the date when the self-quarantine is scheduled to end)
- Am caring for a Son or Daughter² whose school or Place of Care³ has been closed, or my Child Care Provider⁴ is unavailable, due to COVID-19 (identify the name of your Son or Daughter, age, school, Place of Care or Child Care Provider, a representation that no other suitable person will be providing care, or if your Son or Daughter is over 14, the circumstances preventing them to care for themselves during daylight hours, and additional documents requested from your employer related to business tax credits.)
- Am experiencing another substantially similar condition identified by the Secretary of Health and Human Services: **Currently unavailable because no additional conditions identified.**
- I would like to apply any accrued but unused paid time off I have available to make up the difference between my regulate rate of pay and the amount I am eligible to receive under the FFCRA.

I personally attest to the need for leave as indicated above.

Employee Name (Print)

Date

Employee Signature

¹ “Caring for an Individual” means your immediate family member, regular housemate, or a similar person with whom you have a relationship where care would be expected.

² “Son or Daughter” includes a biological, adopted, foster child, legal ward, or a child of a person standing *in loco parentis*, who is under 14, or over 14 who is incapable of self-care during daylight hours because of physical or mental disability.

³ “Place of Care” is any location care is provided for your Son or Daughter while you work (e.g., day care, preschool, before/after school care program, school, a home, summer camp, summer enrichment program, or a respite care program). The place of care need not be solely dedicated to child care.

⁴ “Child Care Provider” is a non-family member who regularly receives compensation for child care services (center-based, group-home, family, or other licensed, regulated, or registered provider under 42 U.S. Code §9858c(c)(2)(E) and (F). Compensation is unnecessary if the child care provider is a family member or friend who regularly provides care.