

Families First Coronavirus Response Act

Paid Sick Leave Request Form

SECTION I: FOR COMPLETION BY THE EMPLOYEE

INSTRUCTIONS to the EMPLOYER:

The Family First Corona Virus Response Act (FFCRA) provides that an employer may require an employee seeking FFCRA protections because of the need for leave to care for a covered family member or individual with the Corona Virus or exposure to the virus. An employee requesting paid sick leave under § 826.20(a)(1)(i) must provide the name of the government entity that issued the quarantine or isolation order to which the employee is subject. An employee requesting paid sick leave under § 826.20(a)(1)(ii) must provide the name of the health care provider who advised him or her to self-quarantine for COVID-19 related reasons. An employee requesting paid sick leave under § 826.20(a)(1)(iv) to care for an individual must provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine, depending on the precise reason for the request. An employee requesting to take paid sick leave under § 826.20(a)(1)(v) or expanded family and medical leave to care for his or her child must provide the following information: (1) The name of the child being care for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave.

FMLA LEAVE: Leave taken under the FMLA for an employee's own serious health condition related to COVID-19, or to care for the employee's spouse, son, daughter, or parent with a serious health condition related to COVID-19, the normal FMLA certification requirements still apply. See 29 CFR 825.306.

Begin date: _____ **End date** _____

Name of employee: _____

Name of person being cared for: _____

Name of person completing this form: _____

Work location of employee: _____

Job title of employee: _____

Grade of employee: _____ **Personnel number:** _____

SECTION II: FOR COMPLETION BY THE EMPLOYEE

Please complete Section I, III, IV. You and your supervisor must sign and date section V. Once the form is complete and signed, return it to Benefits Analyst at HR. If you are unable to complete the form a family member /supervisor can complete it for you. Documentation must be provided to qualify for FFCRA Families First Corona Virus Response Act Leave.

DOM may also require you to provide additional documentation in support of your extended family and medical leave taken to care for your child whose school or place of care is closed, or if your childcare provider is unavailable, due to COVID-19-related reasons.

Documentation Related to COVID-19 Leave

Below are the reasons you may apply for emergency paid sick leave and appropriate documentation that should be provided with your request.

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.

Provide documentation such as a city, state, or other governmental quarantine order.

- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

Provide documentation from a health care provider or other documentation that you are under a doctor’s order to self-quarantine.

- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

Provide documentation such as a doctor’s note, or a statement that you are sick and you have an appointment with a health care provider and you will provide documentation after your appointment.

- 4) I am caring for an individual who is subject to either number 1 or 2 above.

Provide documentation to include a note from the sick person’s doctor or medical care provider

5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions.

Provide documentation of a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Provide documentation including notes, emails, or notices related to your request for paid leave.

I attest that all documents and statements entered are accurate to the best of my knowledge and true. I also understand that false, misleading, or incomplete statements could lead to my application being denied and lead up to disciplinary actions under the uniform disciplinary policy.

Employee Signature

Date

ELIGIBILITY CRITERIA

Instructions FOR Employee: Complete the sections below that apply and return with appropriate documentation. This form must be returned by _____ (within five business days) for approval/disapproval form.

SECTION III: MEDICAL DOCUMENTATION

Providers name and business address: _____

Type of practice/medical specialty: _____

Telephone: (____)_____ Fax: (____)_____

1. Approximate date condition commenced: _____

2. Probable duration of condition: _____

3. Diagnosis: _____

4. Quarantined by whom: _____

5. Name of person you are caring for: _____

ATTACH ALL DOCUMENTATION (electronically)

SECTION IV: CARING FOR INDIVIDUAL OR CHILD/CHILDRENS SCHOOL/DAY CARE CLOSED

This can be taken intermittently or continual. The FFCRA policy provides 80 hours at two thirds of your pay.

Providers name and business address: _____

Type of practice/medical specialty: _____

Telephone: (____)_____ Fax: (____)_____

1. Approximate date condition commenced: _____

2. Probable duration of condition: _____

3. Diagnosis: _____

4. Quarantined by whom: _____

5. Name of person you are caring for: _____

6. Name(s) of child/children involved: _____

7. Age(s) of child/children involved: _____

8. Name(s) of school/facility closed for child/children: _____

SECTION V: PERSONNEL APPROVAL

Director of HR

Date

HR Administrator

Date

Supervisor Signature

Date

Benefits Analyst

Date

To Be Completed by HR Office Staff Only

_____ Approved
_____ Disapproved