Families First Coronavirus Response Act Leave Request

Employee Name	Last 4 of SS#	Job Title/Work Site

Type of Request: Check all that apply.

☐ **Public Health Emergency Paid Family Leave** **Dates of leave:** _____ **to** _____

- Employee has been employed for at least 30 days (required)
- Leave is required to care for his/her minor child due to a school or childcare closure caused by a public health emergency and employee is unable to work. Name and DOB of Child(ren):
  - ➢ _____

☐ **Emergency Paid Sick Leave (self)** **Dates of leave:** _____ **to** _____

- Employee is unable to work due to government issued quarantine or isolation order.
- Employee has been advised to self-quarantine by a healthcare professional and is unable to work.
  - ➢ **Doctor Name:** _____ **Phone number:** _____
- Employee is experiencing symptoms of COVID-19, is seeking diagnosis and is unable to work.
  - ➢ **Doctor Name:** _____ **Phone number:** _____

☐ **Emergency Paid Sick Leave (care of self or others)** **Dates of leave:** _____ **to** _____

- Employee is caring for someone subject to governmental issued quarantine, isolation order or is caring for an individual who has been advised by a healthcare provider to self-quarantine related to COVID-19 and is unable to work onsite or remotely.
  - ➢ **Doctor Name:** _____ **Phone number:** _____
- Employee is caring for his/her son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions" and is unable to work onsite or remotely.
- Employee is experiencing "a substantially similar condition" as specified by the U.S. Department of Health and Human Services and is unable to work onsite or remotely.

My signature below, or my submittal of this request electronically, I am attesting that I meet the criteria listed above and qualify for Emergency Paid Leave and/or Paid Family Care Leave and I am **unable to work, either at an assigned work site or at a remote location.** Misuse of this leave is grounds for disciplinary action and may also result in a requirement to repay leave benefits.

Signature: _____ Date: _____

For Personnel Department Use Below This Line

☐ Eligible
☐ **NOT** Eligible Reason: _____
☐ More information needed. Needed Information: _____

Eligibility verified by: _____ Date: _____