

**Families First Coronavirus Response Act (FCCRA)  
Leave Request Form**

Employee Name	
Date Submitted	
Requested Start Date	
End Date	
Suggested Intermittent Leave Schedule (if applicable)	
Please Return to:	

**Qualifying Reasons for Leave:**

Under the FCCRA, an employee qualifies for paid sick time if the employee is unable to work or telework due to a need for leave because the employee:

	is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
	has been advised by a health care provider to self-quarantine related to COVID-19;
	is experiencing COVID-19 symptoms and is seeking a medical diagnosis from a health care provider;
	is caring for an individual subject to a federal, state, or local quarantine or isolation order or who has been advised by a health care provider to self-quarantine due to COVID-19 related reasons;
	is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
	is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Is the employee unable to work or telework for the reason(s) indicated above? Please explain.

If the request is based upon a quarantine, please include the name of the governmental entity ordering the quarantine or the name of the health care professional advising self-quarantine.

If the quarantined person is not the employee, please provide the person's name and relation to the employee .

If the leave request for Paid Sick Leave and/or EFMLA is based upon a school closing or child care provider unavailability, the employee must attach a statement which includes the following:

- The name and age of the child (or children) to be cared for
- The name of the school or place of care that is unavailable
- A statement representing no other suitable person is available to care for the child during the period for which the employee is receiving family medical leave.
- If care is need during daylight hours for a child older than fourteen, a statement that special circumstances exist requiring the employee to provide care.

**The appropriate documentation must be provided to Human Resources in whole for leave to be approved.**

I certify the information provided to the employer is true and accurate:

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Employee Signature Date

***\*\*\*Internal Use Only\*\*\****

**Leave is approved**

Type of leave approved (check all the apply):

Emergency Family and Medical Leave Expanded Act Leave

Emergency Paid Sick Leave Act Leave for care of SELF

Emergency Paid Sick Leave Act Leave for care of OTHER

**Leave is NOT approved**

Provide supporting reason for denying leave:

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Authorized Company Representative Signature Date