

Paid Leave Request Related to COVID -19

Families First Coronavirus Response Act (FFCRA)

Effective: 4/1/2020 – 12/31/2020

First Name	MI	Last Name	Date
Beginning Date of Requested Leave		End Date of Requested Leave (if known)	

Type of FFCRA Paid Leave Requested (Choose all that are applicable):

☐ A. **Emergency Paid Sick Leave:**

will provide paid leave for employees who are unable to work as a result of a need for leave arising for any of the six following reasons. The rate of pay for paid leave depends on which of the six reasons below for which the employee is taking emergency leave and is subject to a daily and total cap. Full-time employees are entitled to up to 80 hours of emergency paid leave, part-time employees are entitled to an average number of hours they typically work in a two-week period. Normal withholdings and deductions will come out of this pay.

Please check **ONE (1)** primary valid reason for emergency paid leave from below:

- ☐ 1. I am subject to a federal, state or local quarantine or isolation order related to COVID-19
- ☐ 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- ☐ 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis
- ☐ 4. I am caring for an individual who is subject to quarantine
- ☐ 5. I am caring for a son or daughter whose school or daycare is closed/unavailable due to COVID-19.
Please provide the notice from daycare or school along with the name(s) and age(s) of children:

- ☐ 6. Any other substantially similar condition as specified by Health & Human Services (HHS), please explain:

☐ B. **Expanded Family Medical Leave Act (FMLA):**

Eligible employees will be able to take up to 12 weeks of leave when an employee is unable to work due to a need to care for his/her child(ren) (under age 18) if his/her child(ren)'s school or place of care has been closed, or his/her child(ren)'s child care provider is unavailable, due to an emergency with respect to COVID-19. The first 10 days of such Family Medical Leave Act time off is unpaid, however, if an employee has earned PTO, they may use up to 80 hours of accrued PTO to receive pay during the first two weeks of FMLA time. For weeks 3 through 12, the employee can receive a rate of pay two-thirds of his or her "regular rate" of pay (subject to a cap). Normal withholdings and deductions will come out of this pay.

Please check **ONE (1)** of the below:

- ☐ 1. I elect to use my accrued PTO for the first 80 hours of FMLA Leave
- ☐ 2. I elect to use the Emergency Sick Pay leave for the first 80 hours of FMLA Leave
- ☐ 3. I elect to go unpaid for the first 80 hours of FMLA Leave



C. Unpaid Personal Leave:

I am electing to take person leave that will be unpaid and unprotected time off work as a result of the COVID-19 pandemic; however, I do not qualify for any of the other leaves described above. I understand that it is my responsibility to follow the normal process to submit any PTO that I would like to use during this time, otherwise, no payments will be made to me for the days that I have listed above. After PTO is exhausted, COBRA will be offered to you and your dependents for continued benefits of your current health insurance program(s) if applicable.

Medical Documentation

As there are more widespread cases of COVID-19, _____ realizes that your health care provider may not be able to respond to requests for medical documentation in a timely fashion. Employees do not generally need to provide documentation of illness if COVID-19 is suspected. The Company trusts that employees will act responsibly and with integrity.

Please provide doctor's name and information below. If available, please attach or send doctor's note to Human Resources

Doctor's Name: _____

Medical Facility Name: _____

Doctor's Recommendation: _____

NOTE: Medical documentation may be required if abuse is suspected or if _____ feels it is necessary to substantiate a legally protected leave or accommodation, to the extent a certification requirement is permissible under state or federal law.

Acknowledgment

I, _____ (clearly print name), affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in this leave request will be cause for disciplinary action, up to and including termination, whenever discovered.

Employee Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

Informational Use Only:

Payroll Codes Used For:

A. Emergency Paid Sick Leave

B. Expanded Family Medical Leave Act (FMLA)

#35 C-19 Emerg Pd Sick

#36 C-19 Expand FMLA