

FFCRA - Request for Emergency Paid Sick Leave Form

Employee Name (print clearly): _____

Manager: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason 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. Name of Health Care Provider: _____.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.

Name/Relation to individual _____

- 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.

Name/Age of child(ren) _____

By selecting this qualifying reason for leave, I sign verifying no other person will be providing care for my child(ren) during the period for which I am receiving paid leave.

Employee Signature _____ Date _____

- 6) I am experiencing another substantially similar condition specified by the Secretary of Health And Human Services.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

HR Rep. Signature _____

Date _____