FFCRA EMERGENCY PAID LEAVE REQUEST

Employees requesting Emergency Paid Sick Leave (EPSL) or Emergency Family Medical Leave (EFML) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to your employer for processing.

Employee Name:

Employee Home Address: **E-mail:**

Home Phone Number: **Cell Phone Number:**

This is a (*choose one*):   ☐ New request for leave   ☐ Request for an extension of leave

Anticipated Begin Date of Leave: **Expected Return to Work Date:**

Reason for Leave (*check all applicable*) I am unable to work (or telework) for the following reasons:

Emergency Paid Sick Leave (EPSL)

☐ I am subject to state, federal or local quarantine or isolation order related to COVID-19
☐ I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19
☐ I have symptoms related to COVID-19 and I am seeking a diagnosis
☐ I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19
☐ I need to care for my child under age 18 because the child's school, child-care or child-care provider is closed or unavailable because of COVID-19
☐ I am experiencing other conditions very similar to COVID-19 as specified by HHS.

Emergency Family Medical Leave (EFML)

☐ I need to care for my child under age 18 because the child's school, child-care or child-care provider is closed or unavailable because of COVID-19

I will need (*choose one*)**:**   ☐ Continuous leave   ☐ Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

_____

_____

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact my employer regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____

Date: _____