

REQUEST FOR FFCRA TIME OFF

Employee Name: _____

I _____, wish to designate the following dates: _____ **OR** immediately and until a date to be determined (enter dates or circle immediately, but not both) and total hours missed at work _____ **OR** the maximum amount provided by law (enter hours missed or circle maximum, but not both) as time off for the following purposes (check as many boxes as apply):

_____ **A. Emergency Paid Sick Leave**, which can be taken for the following reasons (please check primary reason):

- _____ (1) I am subject to a federal, state, or local quarantine/isolation order related to COVID-19;
- _____ (2) I have been advised by a health care provider to self-quarantine because of COVID-19;
- _____ (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- _____ (4) I am caring for an individual who is under quarantine or self-isolation;
- _____ (5) I am caring for a child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 reasons;
- _____ (6) I am experiencing substantially similar condition(s) as the foregoing as explained below:

_____ **B. Emergency Family and Medical Leave** because I am caring for a child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 reasons. Because the first two weeks of leave is unpaid, I elect to (check **ONE**):

- _____ Use the above Emergency Paid Sick Leave for the first two weeks of leave.
- Use my accrued [vacation/paid sick leave available under local or state law/PTO] for the first two weeks of leave.
- _____ Go UNPAID for the first two weeks of leave.

C. Paid sick leave available under local or state law

I understand that I may need to produce acceptable documentation establishing my need for this leave request. I also understand that falsifying information in this form (or falsifying information in any company document) may result in disciplinary action up to and including termination.

Employee Signature: _____

Date: _____

RECEIVED BY OFFICE DATE: _____