

FFCRA LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_

| I certify that I am unable to work or telework because I . . .<br>(check one box and write in the dates for which leave is being requested)   | Dates Requested |
|---|-----------------|
| (A) am subject to a Federal, State, or local quarantine or isolation order related to COVID-19*;  |                 |
| (B) have been advised by a health care provider to self-quarantine due to concerns related to COVID-19**;   |                 |
| (C) am experiencing symptoms of COVID-19 and seeking a medical diagnosis***;  |                 |
| (D) am caring for an individual who is subject to an order as described in paragraph (A) or has been advised as described in paragraph (B)****;   |                 |
| (E) am experiencing a substantially similar condition to COVID-19 as specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor*****; or |                 |
| (F) have to care for my under-18 son(s) and/or daughter(s) due to a school closure, place of care closure, or the unavailability of my child care provider due to the COVID-19 emergency*****.                      |                 |

**I understand that in addition to the above certification, I must also provide the following information in order to qualify for the requested leave:**

\* For reason (A), above, state the name of the government entity that issued the quarantine or isolation order: \_\_\_\_\_.

\*\* For reason (B), above, state the name of the health care provider who is advising the employee to self-quarantine due to concerns related to COVID-19: \_\_\_\_\_.

\*\*\* For reason (C), above, state the name of the health care provider that the employee is contacting, has contacted, and/or from whom the employee is awaiting results: \_\_\_\_\_.

\*\*\*\* For reason (D), above, state (1) the name of the individual, (2) the individual's relationship to the employee (e.g. spouse, roommate), and (3) either the name of the government entity that issued the quarantine or isolation order affecting the individual or the name of the health care provider who advised the individual to self-quarantine due to concerns related to COVID-19: \_\_\_\_\_.

\*\*\*\*\* For reason (E), above, provide any information relating to a diagnosis, medical opinion, or setting forth the employee's condition/symptoms, such as a description of the symptoms and the name of the health care provider consulted (if applicable): \_\_\_\_\_.

\*\*\*\*\* For reason (F), above, state (1) the name and age of the child/children being cared for and (2) the name of the school, place of care, or child care provider that is closed/unavailable. If the child is older than 14 and the leave requested is during the day, please explain what special circumstances require the leave. **By signing below, I also certify that no other suitable person is available to care for the child/children so identified during the period of leave requested.** \_\_\_\_\_.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_