families first coronavirus response act leave Request form

(for employers with fewer than 50 employees that do not meet the requirements of the Family and medical leave act)

An employee requesting leave under the Families First Coronavirus Response Act (FFCRA) may only take leave for a qualifying reason listed below. **Please note that leave under the FFCRA will not be approved until this form and any additional information needed have been provided.**

**I. General Information**

Date:

Name: Job Title:

**II. FFCRA Qualifying Reason for Leave**

 **I am subject to a federal, state or local quarantine or isolation order related to COVID-19.** Name of the government entity that issued the quarantine/isolation order:

 **I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19**. Name, title and phone number of healthcare provider:

 **I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.**

 **I am/will be taking care of someone who is subject to a federal, state or local quarantine or isolation order or has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19**.

 Name of individual whom I need to care for:

 Relationship to the individual:

 Name of entity issuing the quarantine/isolation order (if applicable):

 Name, title and phone number of healthcare provider (if applicable):

 **I am/will be caring for my child/children whose school or place of care is closed, or whose childcare provider is unavailable due to COVID-19 precautions.**

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| --- | --- | --- |
| **Name of child** | **Age** | **Name of school, place of care or childcare provider** |
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 **I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and secretary of Labor.**

 Describe applicable condition:

III. **Additional Information**

1. **Dates of requested leave:**

 FROM: TO:

 Day leave begins Day leave ends

2. **Are you requesting to take leave intermittently?\*** Yes No

 If yes, please specify your proposed intermittent schedule:

 *\*Please note that intermittent leave is only available for certain types of leave, at our discretion. Requests for intermittent leave will be considered on a case-by-case basis, depending on the type of leave requested, position and business necessity.*

3. **Have you taken FFCRA leave before with another employer?**  Yes No

 If yes, please state the dates of the leave taken and the reasons for the leave:

**TERMS AND CONDITIONS RELATING TO YOUR LEAVE OF ABSENCE:**

**Returning to Work**

I understand that if my leave was for medical reasons, I must present a doctor’s statement (stating that I am unable to work or identifying any limitations to my work activity) when I return to work.

I also understand that the Company will make every reasonable effort to place me in the same or a comparable position when I return to work.

I further understand that if I refuse, without reasonable cause, any of the positions offered to me upon my return, my employment will be terminated.

**ACKNOWLEDGEMENT:**

**I certify that all of the information provided in this request, including my supporting documentation is true and complete. I agree and acknowledge that falsified information, misrepresentations or omissions in this request or any other related materials may result in disciplinary action, up to and including termination of employment.**

Employee’s Signature Date