



*Integrity and Vision Since 1884*

## Families First Coronavirus Response Act (FFCRA) EMERGENCY PAID SICK LEAVE REQUEST FORM

Employee Name:	Telephone Number:
Home Address:	E-mail:
Employee Division:	Supervisor:
I am requesting (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave <input type="checkbox"/> A Leave Extension	
If your need for leave is intermittent or an extension, please describe – _____ _____	
Anticipated Start of Leave:	Expected Return to Work Date:

<p><u>Reason for Leave</u> - I am unable to work (or telework) for the following reasons (check all that apply):</p> <p><input type="checkbox"/> 1. I am subject to a state, federal or local quarantine or isolation order related to COVID-19.</p> <p><input type="checkbox"/> 2. I have been advised by a health care provider to self-quarantine related COVID-19.</p> <p><input type="checkbox"/> 3. I have symptoms related to COVID-19 and I am seeking a diagnosis.</p> <p><input type="checkbox"/> 4. I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19.</p> <p><input type="checkbox"/> 5. I am caring for a child under the age of 18 because their school, child-care or child-care provider is closed or unavailable due to COVID-19 precautions.</p> <p><input type="checkbox"/> 6. I am experiencing another condition(s) substantially similar to COVID-19 as specified by the Department of Health and Human Services.</p> <p>If #5 is selected, I understand that I may also be eligible for an additional 10 weeks of emergency family medical leave.</p>
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<p><u>Use of Company Vacation and Sick Leave</u> - I understand that under the Federal Emergency Sick and Family Medical Leaves, I may only be eligible to receive a percentage of my salary. In the case of reduced salary, I would like to request ____ (#) of company paid leave and ____ (#) of company sick leave.</p>
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I certify that the above information is accurate and complete, and agree to supply my Human Resources department with documentation to support my request for leave (examples may include doctor's note or official closure notification from child's school or daycare). I understand that I must report to work by my expected return to work date or contact Human Resources if I need to extend leave beyond that date.

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