

Family First Coronavirus Response Act (FFCRA) – Leave Request Form

Company Name	Today's Date
<input type="text"/>	<input type="text"/>

Employee Name	Birth Date
<input type="text"/>	<input type="text"/>

Please Note: These leaves only apply to employees who are unable to telework.

Which type of leave will the employee be taking? (an employee may qualify for both EPSL and EFMLA)

- Emergency Paid Sick Leave (EPSL) Expanded Family and Medical Leave (EFMLA)

Reason for taking EPSL (check one):

- Self-Care: Subject to a federal, state or local COVID-19 quarantine or isolation order (does not apply to safer at home orders).
- Self-Care: Advised by a health care provider to self-quarantine due to COVID-19.
- Self-Care: Experiencing COVID-19 symptoms and are seeking a medical diagnosis.
- Family-Care: Caring for an individual who is subject to a COVID-19 related federal, state or local quarantine or isolation order, or who has been advised by a health care provider to self-quarantine due to COVID-19.
- Family-Care: Caring for a son or daughter whose school or daycare has been closed, or the child's care provider is unavailable, due to COVID-19 precautions.
- Family-Care: Experiencing other substantially similar conditions as specified by the Secretary of Health and Human Services.

Reason for taking EFMLA:

- Family-Care: Caring for a son or daughter whose school or daycare has been closed, or the child's care provider is unavailable, due to COVID-19 precautions.

(Documentation may be required, depending upon the type of leave requested.)

Please complete the following section:

Date Leave Will Begin:	Estimated Date of Return to Work:
<input type="text"/>	<input type="text"/>

Employee Signature	Date
<input type="text"/>	<input type="text"/>

Supervisor Signature	Date
<input type="text"/>	<input type="text"/>

(For Internal Use Only)

Notify the following teams: <input type="checkbox"/> Benefits <input type="checkbox"/> Human Resources <input type="checkbox"/> Payroll
