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FFCRA provides for both Paid Sick Leave and Expanded Family and Medical Leave for several reasons related to COVID-19. Please see below for qualifying reasons. If you are unsure of which option is appropriate to your situation, please see       for guidance.

Employee Name (print clearly):

Requested Leave Start Date:          # of Hours Requesting

**Section I. Paid Sick Leave provides for up to 2 weeks of leave (80 hours or a part-time employee’s equivalent.) *Items 1-3 are paid at regular rate of pay and items 4-6 are paid at 2/3 rate of pay.***

*Family Outreach will allow employees to augment the 2/3 rate of pay, by using Sick or Annual Leave for the remaining 1/3 of pay so that pay can remain at 100%.*

The reason for this COVID Sick Leave request is (check the appropriate reason below):

[ ]  1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.

[ ]  2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

[ ]  3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

[ ]  4) I am caring for an individual who is subject to either number 1 or 2 above.

[ ]  5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions. ***SEE SECTION II BELOW.***

[ ]  6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

**Required Additional Information Needed-*Please attach the appliable response to this request.***

* If you are requesting leave based on Reasons No. 1 or 2, please provide the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine.
* If you are requesting leave based on Reasons No. 3, please provide a statement regarding your efforts to seek medical diagnosis and provide documentation of efforts to seek medical diagnosis.
* If you are requesting leave based on Reason No. 4, please provide the (1) name of the person subject to quarantine or advised to self-quarantine, (2) their relation to you, and (3) the name of the governmental entity or health care professional ordering or advising quarantine of that person.
* If you are requesting leave based on Reason No. 5, please see Section II below.
* If you are requesting leave based on Reason No. 6, please state the similar condition you are experiencing that you believe entitles you to leave and provide documentation commensurate with that required for the substantially-similar condition.

*When available, please provide medical documentation and/or notice of school/childcare closure.*

**SECTION II –Expanded Family and Medical Leave (EFML)--provides for up to 12 weeks of leave paid at 2/3 regular rate of pay.** *The first two weeks can either be paid through the COVID Sick Leave at 2/3 rate of pay as stated above or can be paid using personal leave.*

Complete this section ONLY if you have requested leave based on Reason No. 5

1. Please state the name and age of your child /children to be cared for.

1. Please state the name of the school that has closed or the place of care that is unavailable.

1. To be entitled to leave, you alone must be providing care to the child. Leave is unavailable if both parents or another individual is present to care for the child. Please confirm the following statement is true: *No other person will be providing care for the child during the period for which you are receiving leave.* *[ ]* TRUE [ ]  UNTRUE
2. Are you requesting to use leave intermittently? If so, please provide the schedule of your paid leave request? (i.e. if you have custody of your child every other week, state you are requesting leave every other week, if your spouse will be caring for children T/TH, then state you are requesting leave MWF).

1. For the first 2 weeks (80 hours or part-time employee’s equivalent) of EFML, employees can choose to use (select one):

[ ]  Paid Sick Leave paid at 2/3 rate of pay of the normal wage as provided in Section I.

[ ]  Paid Sick Leave as listed above plus use of personal leave to augment the missing 1/3 rate of pay.

[ ]  Accrued personal leave paid at 100% of the normal wage; or

[ ]  Leave without pay

*If you use FFCRA Paid Sick Leave for this reason you cannot use it again for another qualifying reason.*

*By signing this request you are representing that you are unable to work or telework for the time periods designated above due to the reasons designated above*. *Please notify your supervisor immediately if your need for leave changes from what you have requested above.*

Employee Signature       Date