# FFCRA Leave Instructions and Information

# *(Please note: The highlighted areas in the instructions below should be updated to meet your organization’s needs)*

Application Instructions

Please complete the below Leave Request Form as soon as possible so that we can assess your leave and pay request.

For leave requests related to childcare, you will need to select eFMLA **AND** one of the following:

* 2 weeks (80 hours full-time, prorated part-time) of PAID Emergency Sick leave; OR
* 2 weeks (80 hours full-time, prorated part-time) of unpaid, vacation or sick time. Employees have the option to select this option if they do not wish to cover their first two weeks of absence under FFCRA Emergency Sick Leave.

While not required, if possible, additional documentation supporting your request for leave is appreciated. Optional documentation requests are explained in the application under each leave type.

The completed application form and any additional documentation should be sent to NAME/EMAIL here.

If you have not done so already, we ask that you verbally inform your manager of your anticipated need for leave so that you may discuss your needs and coverage for missed work.

After a verbal request for leave has been made to your manager, you may begin utilizing leave provisionally. An application must be completed as soon as possible, but no later than 1 week after a verbal request is made.

After Submitting Your Request

Include applicable information here

Questions

If you have any questions, please reach out to NAME/EMAIL here.

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|  Employee Information |
| Employee's Name: |  |
| Title: |  | Manager: |  |
| Type of Leave Requested |
| [ ]  Emergency Paid Sick Leave (ePSL) Reasons 1-6 [ ]  Emergency Family and Medical Leave (eFMLA) Reason 5 (childcare) only**[ ]**  Unpaid, Vacation, or Sick Leave. Select this if your reason for leave is childcare related and you do not wish to use Emergency Paid Sick Leave for the first two weeks of absence. Specify type of time off you wish to apply:   |
| Leave Dates  |
| Requested Start Date:  | Requested Return Date: |  |
| **[ ]**  | Leave is requested on an intermittent basis. Note, this type of leave is only available for qualifying reason #5 under the FFCRA (childcare). Please describe your anticipated need for intermittent leave.  |
|  |  |
| **Reason for Leave** |
| **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | 1. Subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Provide copy of quarantine/isolation order if available.

Name of governmental entity ordering quarantine (required): 1. Advised by a health care provider to self-quarantine related to COVID-19. Provide doctor’s note if available.

Name of healthcare professional advising self-quarantine (required): 1. Experiencing COVID-19 symptoms and is seeking a medical diagnosis

Name of healthcare professional providing diagnosis (required): 1. Caring for an individual subject to an order described in (1) or self-quarantine as described in (2)

Name and relationship to person subject to self-quarantine (required): Name of governmental entity ordering quarantine or name of healthcare provider advising quarantine (required):1. Caring for child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. By signing this application, you acknowledge that no other person will be providing care for the child during the same hours for which the employee is receiving family medical leave.

If you are aware of multiple closures impacting your childcare, such as school closure and cancellation of summer camp, you may list all known childcare needs on this form.If available, provide a copy of any written notice of closure for Childcare, Summer Camp, and School Closure. For school closure please also provide confirmation of final date of school for academic year if possible. Child(ren)’s name(s) and age(s) to be cared for (required): Name of school(s) or place(s) of childcare that is unavailable (required): If child is over 14 years of age, please specify special circumstances that require the child to be supervised by an adult during daylight hours: 1. Experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services
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|  |  |
|  | (Signature of Employee or Designee) |
| (If employee is not available to sign request, note verbal conversation above. Include date of the conversation and the signature of the person who completed the form.) |