

Request for Emergency Paid Sick Leave under The Families First Coronavirus Response Act (FFCRA)

Your name and contact:	Your Current Work Schedule:
Supervisor name:	
Time Permitted: Two weeks (80 Hours) maximum	
Type of Leave: Paid Leave	
Box 1 (check applicable box) I am unable to work (or telework) for the following reason:	
<input type="checkbox"/> I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.* <i>See Box 5 and 8. (Full Rate)</i> <input type="checkbox"/> I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.* <i>See Box 6 and 8. (Full Rate)</i> <input type="checkbox"/> I am experiencing symptoms of COVID-19 and am seeking diagnosis.* <i>See Box 8. (Full Rate)</i> <input type="checkbox"/> I am caring for an individual who is subject to self- quarantine by a federal, state, or local order or was advised by a health care provider to self-quarantine.** <i>See Box 6 and 8. (2/3 Rate)</i> <input type="checkbox"/> I am caring for my son or daughter (under the age of 18) because school or place of care has been closed due to COVID-19 precautions.** <i>See Box 7 and 8. (2/3 Rate)</i> <input type="checkbox"/> I am experiencing other conditions substantially similar to COVID-19 as specified by the Secretary of Health and Human Services.** <i>See Box 8. (2/3 rate)</i> <p>* Up to 80 hours of paid sick leave at the employee’s regular rate of pay (maximum of \$511 per day, or \$5,110 total over the entire paid sick leave period). ** Up to 80 hours of paid sick leave at two-thirds (2/3) of your regular rate of pay (maximum of \$200 per day, or \$2,000 over the entire paid sick leave period).</p>	
Box 2 (provide date) Date Leave Will Begin:	Box 3 (provide date) Date You Will Return:
Box 4 (check box) <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (explain below proposed schedule for intermittent leave)	
Box 5 (provide the following information) Name of the government entity that issued the order	
Box 6 (provide the following information) Name of the health care provider who gave advice	

