



## INSTRUCTIONS:

**This form should only be filled out if you are unable to work from home.**

### To request a leave under the Families First Coronavirus Response Act (FFCRA):

- Please review and complete the form below.
- Once completed, please submit this form to Beth Peterson.
- Please be sure to include requested documentation with the form, if possible.
- You will receive follow-up once your request has been reviewed and a determination has been made if it is approved or denied.
- We may request for additional information if needed to determine FFCRA eligibility.

### Prior to your return:

- Please notify M'Liss Konu before you return to work.

Thank you!



# FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA)

<b>Name</b>		<b>Employee #</b>		<b>Home Phone</b>	
<b>Position</b>		<b>Location</b>		<b>Supervisor</b>	
<b>Absence Information:</b> <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update or change to an existing request					
<b>Requested Dates</b>	<b>Start:</b>		<b>Anticipated Return:</b>		
Type of leave: <input type="checkbox"/> Medical <input type="checkbox"/> Child Care					
<b>M E D I C A L</b>	<b>Employee's Leave</b> (please check 1 box)				
	<input type="checkbox"/> Subject to Quarantine by Federal/State/Local Quarantine order <input type="checkbox"/> Advised to Self-Quarantine <b>Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine</b>				
	<input type="checkbox"/> Have an underlying condition that puts you at high-risk per the CDC, except age (unless you have a different underlying condition in addition to age) <b>Documents Requested: Anything that would show that diagnosis, including past visit summaries from on-line medical charts</b>				
<b>C H I L D C A R E</b>	<input type="checkbox"/> Have been diagnosed with COVID-19 or are seeking diagnosis <b>Documents Requested: If possible, doctor's visit summary/appointment notice</b>				
	<input type="checkbox"/> Family Medical to care for _____ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you.) <b>Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine</b>				
<input type="checkbox"/> Childcare Leave to care for employee's own child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons <b>Documents Requested: Documentation of child care closing</b>					

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated. I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

<b>Employee Signature</b>		<b>Date</b>	
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**For Administrative use:**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request More Information			
<b>Administrative Signature</b>		<b>Date</b>	