



**REQUEST FOR FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE**

*Eligible employees are entitled under the Families First Coronavirus Response Act (FFCRA) to take leave for certain reasons associated with COVID-19. Employees who are unable to work (at their regular work station or through telecommuting) are eligible for leave through the Emergency Paid Sick Leave Act and/or Emergency Family and Medical Leave Expansion Act. When FFCRA leave becomes leave without pay, paid leave (accrued sick, annual and/or compensatory hours) may be substituted for the unpaid leave.*

**Directions:** Submit this request form to the Office of Human Resources for processing, as soon as possible.

Name of Employee

Employee ID#

Job Title

Department

Name of Supervisor

Supervisor's Title

Mailing Address During Leave

City/State

Zip Code

Personal Phone Number

Personal Email Address

*I am requesting FFCRA Leave for this purpose:*

- Have been advised or experiencing symptoms associated with COVID-19 and seeking medical diagnosis;
- Caring for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- Caring for son, daughter, or legal dependent child whose school or place of care has been closed or whose child care provider is unavailable due to COVID-19 related reasons. *A completed FFCRA School/Child Care List Form (Form 2411/003) must be attached.*
- Any other substantially similar condition specified by the U.S. Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

*I am requesting FFCRA Leave for these dates and providing a statement of inability to work or telecommute:*

From:  (date) To:  (date)

*I acknowledge that submission of this form does not imply that the leave will be approved. I understand that the approval of FFCRA leave is subject to meeting eligibility qualifications as set forth by the U.S. Department of Labor.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**For HR Office Use Only: Received by HR Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_