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 Sara Girard.
- 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 your supervisor & Nate VanSanten 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)

Name		**Employee #**		**Home Phone**	
Position		**Location**		**Supervisor**	

Absence Information: ☐ This is a new request ☐ This is an update or change to an existing request

Requested Dates	**Start:**		**Anticipated Return:**	

Type of leave: ☐ Medical ☐ Child Care

MEDICAL

Employee's Leave (please check 1 box)

☐ Subject to Quarantine by Federal/State/Local Quarantine order ☐ Advised to Self-Quarantine

Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine

☐ 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)

Documents Requested: Anything that would show that diagnosis, including past visit summaries from on-line medical charts

☐ Have been diagnosed with COVID-19 or are seeking diagnosis

Documents Requested: If possible, doctor's visit summary/appointment notice

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☐ 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.)

Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine

CHILDCARE

☐ 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

Documents Requested: Documentation of child care closing

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.

Employee Signature		**Date**	

For Administrative use:

☐ Approved ☐ Denied ☐ Request More Information

Administrative Signature		**Date**	