

**Families First Coronavirus Response
Act Paid Leave Request**

Employee Name: _____
 Company Name: _____
 Email Address: _____
 Primary Home Address: _____

Last 4 of Social Security #: xxx-xx-_____
 Job Title: _____
 Phone #: _____

_____ Street _____ City _____ State _____ Zip

Type of Leave Requested:

- Paid Sick Leave
- Expanded Family and Medical Leave

Reason for Leave:

1. Employee is subject to a Federal, State, or Local quarantine or isolation order related to COVID-19
 Name of government entity on the order: _____
2. Employee has been advised by a licensed provider to quarantine or self-quarantine
 Name of the licensed provider: _____
3. Employee has symptoms of COVID-19 and is seeking a medical diagnosis
4. Employee is caring for an individual who has been ordered to quarantine or isolate
 Name of government entity or provider advising the order: _____
5. Employee is caring for a **son or daughter** whose school, place of care, or child-care provider is unavailable do to COVID-19
 Name, age, and school for each child: _____
 Name, age, and school for each child: _____
 Name, age, and school for each child: _____
 Name, age, and school for each child: _____
 If the child(ren) are over age 14, state the special circumstances requiring the employee to provide care. _____

6. Employee is experiencing any other substantially similar condition specified by the Secretaries of Health and Human services, Labor, and Treasury.

Acceptable Documentation (attach all that apply)

1. Copy or source of the Federal, State, or Local quarantine or isolation order impacting the employee or someone the employee is caring for.
2. Written documentation from a healthcare provider advising the employee or person for who the employee is caring to self-quarantine.
3. A notice that has been posted by a government, school, or daycare, indicating the school or daycare has been closed.

Requested Leave Start Date:

____ / ____ / _____

Requested Leave End Date:

____ / ____ / _____

Answer All:

- Have you used regular FMLA leave within the past 12 months?
- If caring for a spouse, does your spouse work for the same company as you?
 Yes No If "yes" Name: _____
- Are you currently on another type of leave?

Acknowledgement:

By submitting this request, I represent that:

- I am unable to **work or telework** due to the above reason indicated.
- No other suitable person is available to care for the child during the period of requested leave. (if leave is to care for a child)
- I understand the required documentation must be submitted to my worksite employer before leave begins or as soon as it becomes available.
- I understand that if the required documentation is not received within a reasonable amount of time, my leave may not be approved, and any absences may be subject to disciplinary action up to and including termination.

Employee Signature: _____

Date: _____

Please Note:

- **For leave reasons (1), (2), or (3):** employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
 - **For leave reasons (4) or (6):** employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
 - **For leave reason (5):** employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).
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