

**PLACE ON AGENCY LETTERHEAD**

# **SAMPLE FFCRA LEAVE REQUEST FORM**

Families First Coronavirus Response Act Leave Request – *for either Emergency Paid Sick Leave or Emergency Family and Medical Leave*

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Employee ID # \_\_\_\_\_

Work Location \_\_\_\_\_ Supervisor \_\_\_\_\_

**I am requesting Emergency Paid Sick Leave (EPSL) due to my inability to work or telework:**

Beginning \_\_\_\_\_ Through \_\_\_\_\_ For INSERT HOURS

Because I:

- am subject to a federal, state, or local quarantine or isolation order related to COVID-19
- have been advised by a health care provider to self-quarantine due to COVID-19 concerns
- am experiencing COVID-19 symptoms and seeking medical diagnosis

*Leave for any of these reasons is paid at 100% of employee's regular rate to a max of \$500/day.*

- I am teleworking 100% of my work time and request intermittent EPSL **(due to public health protocols, intermittent leave for the above reasons can only be used when the employee is teleworking 100% of the time).**

Please indicate the days and/or hours you will need intermittent leave:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

## **OR**

Because I:

- am caring for an individual subject to a federal, state, or local quarantine or isolation order or advised by a health care provider to self-quarantine due to COVID-19 concerns
- am caring for my child (under the age of 18 or 18 or older and incapable of self-care) because the child's school or place of care is closed or unavailable due to public health emergency
- am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretaries of Treasury and Labor.

*Leave for any of these reasons is paid at two-thirds of employee's regular rate of pay to a max of \$200/day*

- I am teleworking 100% of my work time and requesting intermittent EPSL. **(due to public health protocols, intermittent leave to care for an individual subject to a quarantine or isolation order or because the employee is experiencing any other substantially similar condition specified by the Secretary of HHS can only be used when the employee is teleworking 100% of the time).**

- I am requesting intermittent EPSL to care for my child (under the age of 18 or 18 or older and incapable of self-care) because the child's school or place of care is closed or unavailable due to public health emergency.

Please indicate the days and/or hours you will need intermittent leave:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

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

\_\_\_\_\_  
Date

\*\*\*\*\*  
**NOTE TO EMPLOYEE:** E-mail this form to Human Resources and to your supervisor. Please retain copies of all information for your record.

**I am requesting Emergency Family and Medical Leave**

Beginning \_\_\_\_\_ Through \_\_\_\_\_

**I will need (choose one):**       Continuous leave       Intermittent leave

If your need for leave is intermittent, please indicate the days and/or hours you will need intermittent leave:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

For the following reason:

- Care for my child under the age of 18 due to school closure or loss of childcare due to a public health emergency.
- Care for my child 18 or older who is incapable of self-care due to a mental or physical disability

*First 10 days are unpaid but Emergency Sick Leave or accrued leave may be used to cover these days. Remaining 10 weeks are paid at two-thirds of employee's regular rate*

**For the first 80 hours of unpaid Emergency Family and Medical Leave, I request to use:**

\_\_\_\_\_ hours of Emergency Sick Leave      \_\_\_\_\_ hours of annual leave  
 \_\_\_\_\_ hours of personal leave      \_\_\_\_\_ hours of comp time  
 \_\_\_\_\_ hours of Leave Without Pay

I understand that Emergency Family and Medical Leave only adds a qualifying reason for taking Family and Medical Leave. It does not provide additional coverage time, and use for any combination of circumstances listed above, or for any of the existing reasons within the Act will be limited to a total of twelve (12) work weeks in a rolling 12-month period. Any leave taken under the Family and Medical Act within the prior 12 months may impact the amount of leave I am eligible for under the Emergency Family and Medical Leave Expansion Act.

I also understand that return to my former position or equivalent position with the same pay and grade, benefits, and comparable working conditions is contingent upon compliance with the terms of approved Family and Medical Leave.

I also understand that, if I do not meet the eligibility requirements, I will be notified by Human Resources within 5 business days. If I am not notified, I can assume that my request has been approved.

---

Signature of Employee

---

Date

\*\*\*\*\*  
**NOTE TO EMPLOYEE:** E-mail this form to Human Resources and to your supervisor. Please retain copies of all information for your record.