



Families First Coronavirus Response Act (FFCRA) Sick Leave / FMLA Employee Request Form

Company Name	
Today's Date	
Employee Name	

To request leave on the basis of the FFCRA, please complete the following request form and submit to your supervisor/HR manager as soon as practical.

1. Type of leave requested:

COVID-19 Sick COVID-19 FMLA (Child Care)

Requested Leave Start Date: _____ Estimated End Date: _____

2. The reason for this leave request is (select the appropriate box):

COVID-19 SICK: I am unable to work or telework because:

I have been ordered to self quarantine by:

Name of governmental entity: _____; or

Name of health care provider: _____

I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

I am caring for an individual who must self quarantine:

Name of Individual: _____ and

Relationship to the Individual: _____

I am caring for my child(ren) under 18 years old due to a school or child care closure because of COVID-19:

Name and Age of child(ren): _____ and

Name of school/place of care: _____ and

By checking this box, I represent that no other person will be providing care for the child(ren) during the period for which I am requesting leave and if my child is older than 14 years old, special circumstances exist requiring me to provide care for my child during daylight hours.

I am experiencing "substantially similar conditions" specified by the Secretary of Health and Human Services".



COVID-19 FMLA (Child Care): I am unable to work or telework because:

I am caring my child(ren) under the age of 18 due to a COVID-19 related closure of their school or child care:

Name and Age of child(ren): _____ and

Name of school/place of care: _____ and

By checking this box, I represent that no other person will be providing care for the child(ren) during the period for which I am requesting leave and if my child is older than 14 years old, special circumstances exist requiring me to provide care for my child during daylight hours.

3. Time off work is requested to be (select the most appropriate box):

For a continuous block of time (several continuous days, weeks or months off work).

For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

On an intermittent basis (periodic time off throughout the day or week; NOTE: for employees physically working at the worksite, a request for intermittent leave for COVID-19 sick leave will only be considered if it is to care for a child under 18 years old due to a school or child care closure because of COVID-19).

4. Additional documentation or clarification may be required prior to approval of requested leave.

Employee Signature: _____

Date: _____

For HR use ONLY: Date received: _____