April 8, 2020

Families First
Coronavirus Response
Act – Sample Form:
Employee Request for
FFCRA Leave
DISCLAIMER

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Employee Request for FFCRA Leave

The undersigned employee hereby requests leave under the Families First Coronavirus Response Act.

Print Name:_________________________________________________________

Date(s) of requested leave: ____________, 20___ to ____________, 20___

Qualifying Reason for Leave:

I am unable to work (or telework) for the qualifying reason checked below:

☐ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19, including, but not limited to, an order advising some or all citizens to shelter in place, stay at home, or to otherwise restrict travel and mobility. I understand that leave for this reason is available only if my employer has work for me to perform, but I cannot perform the work due to said quarantine or isolation order.

Name of government entity issuing order: _________________________________________________

☐ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider: __________________________

☐ I am experiencing symptoms of COVID-19 and am seeking medical diagnosis from a health care provider.

Name of health care provider: __________________________________________________

☐ I am caring for an individual who is subject to a governmental quarantine or isolation order, or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Government entity issuing order, or name of health care provider: _____________________________

The individual’s name is _______________. My relationship to the individual is _____________________.

☐ I am caring for a son or daughter (who is under 18 yrs. of age, or who is 18 or older but incapable of self- care because of a disability) whose school or place of care has been closed for reasons related to COVID-19, whether by order of a state or local official or authority, at the decision of the school or place of care, or because my child care provider is unavailable.

Names of the son(s)/daughter(s) requiring care from me (multiple entries permissible):_________ 

__________________________________________________________________________________

Name of school(s), place(s) of care, or child care provider(s) closed or unavailable (include reference to applicable son or daughter):____________________________________________________________

__________________________________________________________________________________

I hereby certify that no other suitable person will be caring for the above-named son(s) or daughter(s) while I am taking leave (initial): _______

I hereby certify that there are special circumstances requiring me to provide care for any son/daughter over the age of fourteen during daylight hours (initial): _______

☐ I am subject to circumstances substantially similar to the foregoing which have been identified by the federal Secretary of Health and Human Services as a qualifying reason for emergency paid leave.

Employee Signature:___________________________________ Date:__________________