



Families First Coronavirus Response Act Employee Request Form Paid Sick Leave & Expanded FMLA

Employee Name: _____ Department: _____

I am requesting to use FFCRA benefits because I am unable to work or telework, because (select all that apply):

- ☐ #1 am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- ☐ #2 have been advised by a health care provider to self-quarantine related to COVID-19;
- ☐ #3 am experiencing COVID-19 symptoms and am seeking a medical diagnosis;
- ☐ #4 am caring for an individual subject to an order described in #1 or self-quarantine as described in #2
- ☐ #5 am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or
- ☐ #6 am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Documentation supporting your reason for requested leave will be required.

I am requesting the following dates for FFCRA benefits: _____ to _____.

I understand the FFCRA provides the following benefits to me as a County employee:

- Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on my current rate of pay, paid at:
 - 100% for qualifying reasons #1-3 above, up to \$511 daily and \$5,110 total;
 - 2/3 for qualifying reasons #4 and 6 above, up to \$200 daily and \$2000 total; and
 - Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 above for up to \$200 daily and \$12,000 total.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Please turn in completed form to Central Services for review to determine if your request is approved or denied.

Central Services Comments: