



Families First Coronavirus Response Act Employee Request Form

Documenting COVID-19 Absences

Employee Name: _____ Date: _____
Contact Number: _____ Department: _____

PAY PERIOD: _____ (Example: March 14 – March 27, 2020)

Emergency Paid Sick Leave (Generally taken before Emergency Paid FMLA):

#1 am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
Dates and # of hours per day:

#2 have been advised by a health care provider to self-quarantine related to COVID-19;
Dates and # of hours per day:

#3 am experiencing COVID-19 symptoms and am seeking a medical diagnosis;
Dates and # of hours per day:

Paid
100%

#4 am caring for an individual subject to an order described in #1 or self-quarantine as described in #2; Dates and # of hours per day:

#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, Dates and # of hours per day:

#6 am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services. Dates and # of hours per day:

Paid
66.67%

Emergency Paid FMLA:

Employee unable to work (or telework) due to a need for leave to care for my child (who is under the age of 18) because their school or place of care has been closed, or because my childcare provider is unavailable as a result of the COVID-19 pandemic. Dates and # of hours per day:

Employee Signature: _____ Date: _____

Please turn in completed form to Central Services prior to pay period.

Central Services Comments: