



# COVID-19 Emergency Leave Request Form

In response to the COVID-19 crisis, the Families First Coronavirus Response Act (FFCRA) provides emergency pandemic sick pay to employees if they are unable to work or telework because of the COVID-19 virus.

**Please fill out this form completely and legibly, and provide the required supporting documentation.**

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_ Employee Phone Number: \_\_\_\_\_

Leave Dates Requested: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

**Leave Reason(s):** (If multiple reasons, please indicate dates for each)

I am unable to work or telework because I am experiencing COVID-19 symptoms and seeking a medical diagnosis. (Note: You must provide your direct supervisor documentation indicating it is safe for you to work before returning to work.) [Payroll code for timesheet: 1EP]

I am unable to work or telework because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. [Payroll code for timesheet: 1EP]

Name of government agency issuing the order: \_\_\_\_\_

Name of the healthcare provider: \_\_\_\_\_

**Leave Integration:**

I would like to integrate (check all that apply)  
 Annual Leave  Sick Leave  Vacation

**Continued pay:**

During periods where I am absent but ineligible for FFCRA leave and/or paid FMLA, I would like to use my (check all that apply)  Annual Leave  Sick Leave  Vacation

**Negative Vacation or Annual Leave Request (up to 80 hours):**

To request negative leave, you must exhaust all other leave balances (e.g., sick, vacation, annual leave, floating holidays, etc.). Employees may not use negative leave hours to integrate with other benefits to achieve full pay. If you have a negative leave balance, it may impact your bid vacation for FY2021. If you end employment with MTS, any negative hours will be deducted from your final check or paid back another way that has been approved by HR.

Additional information I wish to provide regarding my request for FFCRA emergency paid leave:

**I certify that I have read the Families First Coronavirus Response Act ("FFCRA") Policy and completed this form completely, accurately and in accordance with the guidelines of the policy.**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit this form to your supervisor no later than 9:00am on the Monday preceding the Friday on which you are usually paid.**