



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 and expanded FMLA protection 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: _____
- I am unable to work or telework due to the need to care for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. [Payroll code for timesheet: 1FP]
 Name of the individual I am caring for: _____
 Relationship of the individual to me: _____
 Name of the government agency issuing the order: _____
 Name of the health care provider: _____
- I am unable to work or telework because I need to care for my son or daughter (under age 18; or age 18 or older with a disability and incapable of self-care) whose school or care provider is closed or unavailable due to COVID-19 related reasons AND there is no other suitable person available to provide this care for my child. [Payroll code for timesheet: 1FP]
 Name of my son/daughter needing my care: _____
 Name of their school or daycare that is closed or unavailable: _____

Leave Integration:

- For childcare, I would like to integrate my Vacation/Annual Leave to achieve full pay (Sick Leave is not eligible)
- For all other options (besides childcare), I would like to integrate (check all that apply)
 Annual Leave Comp Time Floating Holiday Sick Leave Vacation

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 proceeding the Friday on which you are usually paid.