



FFCRA-Emergency Paid Sick Leave Act Application Form

Name: _____ Date of Hire: _____

Dept/Division: _____ Work Phone: _____

Home Address: _____ City/Zip: _____

Contact Phone: _____

Anticipated Leave Start Date: _____ End Date: _____

Reason for FFCRA Emergency Paid Sick Leave:

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

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

☐ I have attached my documentation (ie. source of any quarantine or isolation order related to COVID-19 applicable to the employee or written documentation from health care provider advising the employee to self-quarantine due to concerns related to COVID-19). notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.)

☐ I have made the following telework arrangement with my supervisor and will be using my Emergency Paid Sick Leave in the following intermittent manner: _____

I understand that I will receive up to two weeks (80 hours, or a part-time employee's two –week equivalent) of paid sick leave based on my regular rate of pay, or the applicable state or Federal minimum wage. I understand that I will receive 100% of my regular rate of pay for qualifying reasons #1-#6 above. I understand that these provisions will apply from April 1, 2020 through December 31, 2020.

Employee Signature: _____ Date: _____