

**FAMILY FIRST CORONAVIRUS RESPONSE ACT  
LEAVE REQUEST FORM**

The Families First Coronavirus Act (FFCRA) requires certain employers to provide their employees with **Emergency Paid Sick Leave (EPSL)** and **Expanded Family Medical Leave (EFML)** for specified reasons related to COVID-19. These provisions will apply through December 31, 2020.

Please read and complete the form below. If you are unable to return the form timely, please call your principal or supervisor.

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**Section 1 - General Information**

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

Address: \_\_\_\_\_

School or Location: \_\_\_\_\_ Present Position: \_\_\_\_\_

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**Section 2 - FFCRA Reason for Leave. Reasons 1-3 are paid at the regular rate of pay for up to 10 days. Reasons 4 & 6 are paid at 2/3 of the regular rate of pay, capped at \$200 per day for up to 10 days. Reason 5 is paid at 2/3 of the regular rate of pay, capped at \$200 per day for up to 12 weeks. Closure notice or other documentation is required for item 5. Employee is not required to use any accumulated leave prior to using EPSL OR EFML. Documentation, including medical documentation is required for reasons 1-4, and 6.**

**I am unable to work because:**

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

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**Section 3 - Dates (Not Valid after 12-31-2020) (Total days in all categories combined cannot exceed 60).**

First Date of Leave: \_\_\_\_\_ Last Date of Leave: \_\_\_\_\_

Total number of days requested for reasons 1-4, and 6 \_\_\_\_\_ (maximum of 10 days allowed)

Total number of days requested for reason 5 \_\_\_\_\_ (maximum of 60 days allowed)

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**Section 4 - Return to Work**

Prior to Completion of the Leave of Absence, the employee shall report his or her readiness to resume employment to his or her supervisor prior to the date of returning to work. A medical document stating the date to when the employee is to return to work is required for those on COVID-19 as indicated in items 1-4, and 6 above.

A release to return to work is required from your local health department.

I affirm that, to the best of my knowledge, the information in this request is correct.

\_\_\_\_\_  
Signature of Employee or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date

**\*Upon completion by the Principal/Supervisor, please forward to the Superintendent.**