

Families First Coronavirus Response Act

Leave Request Form

Updated April 10, 2020

Part A: To be completed by employee and/or supervisor, and then submitted to human resources.

Employee Name _____ Title/Agency/Unit _____

REASON FOR LEAVE:

- 1. Subject to a federal, state or local quarantine or isolation order related to COVID-19.
Name of government entity ordering self-quarantine/isolation: _____
- 2. Advised by a health care provider to self-quarantine related to COVID-19.
Name of health care provider ordering self-quarantine: _____
- 3. Experiencing COVID-19 symptoms and seeking a medical diagnosis.
Name of health care provider seeking diagnosis from: _____
- 4. Caring for an individual¹ subject to a quarantine or isolation order.
Name of individual requiring care and relation to employee: _____
Name of authorized entity or health care provider ordering the individual to self-quarantine:

- 5. Caring for son or daughter² whose school or place of care is closed or unavailable due to coronavirus-related reasons.
Name of child(ren): _____
Age of child(ren): _____
Name of school, place of care or childcare provider that is unavailable due to coronavirus related reasons and dates of closure: _____
- 6. Other _____

Please provide a statement explaining why you are unable to work, telecommute or be reassigned related to the reason(s) selected above:

If you selected Reason #5 above, is there another suitable person who can provide care to your children (please explain): _____

TYPE OF LEAVE REQUESTED:

Continuous Intermittent Reduced Work Schedule

If intermittent or reduced work schedule, please explain³:

¹ Individual means an employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if quarantined. For this purpose, "individual" does not include persons with whom the employee has no person relationship [(ref. 29 CFR 826.20(a)(5))].

² Son or Daughter means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability (ref. 29 CFR 826.10).

³ Authorization for intermittent or reduced work schedule must be approved by the agency.

USE OF OTHER LEAVES:

If eligible, do you wish to use paid leave under the Emergency Paid Sick Leave Act (EPSLA)?

Yes No

If eligible, do you wish to use other paid leave options as defined in the [Statewide COVID19 Policy](#) to supplement the benefit in order to receive your full rate of pay under FFCRA and EPSLA (if so, please explain below)?

Yes No

If applicable, provide details: _____

ANTICIPATED LEAVE DATES:

Date leave to start: _____ Date of anticipated return to work: _____

I certify under penalty of perjury that the information provided to support this request is accurate:

Employee Signature: _____ Date: _____

Employee Instructions: Provide this request to your agency's human resources contact for review.

Part B: To be completed by human resource contact.

Hire Date _____ Employee's Classification Title _____

Has the employee been employed for at least 30 calendar days? Yes No

Is the employee a health care provider or first responder? Yes No

- If yes, please provide details regarding position: _____

Is the employee eligible⁴ for:

- Emergency Paid Sick Leave? Yes No
 - If yes, at what rate? 2/3 (care for other) Full-Rate (care for self)
 - For hour many hours (i.e., full-time, part-time)? _____
 - If no, please explain: _____
- Emergency Family and Medical Leave Expansion Act (EFMLEA)? Yes No
 - If yes, how many FMLA hours does the employee have available to them? _____
 - If no, please explain: _____
- Is the employee eligible to take any other leave? (include leave balances as of the end of the last pay period)
 - Sick _____
 - Vacation/Comp/Rhh/OCE _____
 - Donated Leave _____
 - Advanced Sick Leave _____

⁴ To determine eligibility, review the [Statewide COVID19 Policy](#) and contact DHR.

COVID-19 Admin Leave (requires DHR approval) _____

HR Contact Name: _____

Date: _____

HR Instructions:

- Review information to determine eligibility and/or request additional information.
- Notify the employee of their eligibility using the Families First Coronavirus Response Act Notice of Eligibility/Designation Notice on DHR's website.
- Provide instructions to the employee and their supervisor on timesheet coding.
- Place a copy of this form with any additional information used to determine employee's eligibility for leave and the amount of leave (i.e., timesheets, EIS information on part-time/full-time status, etc.) in the employee's medical file.

CC: Medical File