Families First Coronavirus Response Act Paid Leave
Employee Leave Election Form

To: [<mark>Insert HR Contact Details</mark>]

Employee Name: _____

Contact Information (email and phone): _____

SECTION 1: Identify the reason(s) under the Families First Coronavirus Response Act (FFCRA) for which you are unable to perform work or telework and are requesting paid leave:

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 am seeking a medical diagnosis;

4. ☐   I am caring for an individual subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19;

5. ☐   I am caring for my child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or

6. ☐   Other reason: _____
_____
_____

SECTION 2: Please provide the following information for the reason(s) identified in numbers 1 through 6 above (respond only to the specific numbers that you checked above). Include all requested documentation. The Company may request additional documentation supporting your request for paid leave, as needed.

1.   Identify the government authority that issued the isolation order: _____
_____

2.   Name and contact information of healthcare provider: _____
Beginning and end dates you have been instructed to self-quarantine: _____
Please provide a note from your healthcare provider together with your request.

3.   The COVID-19 symptoms you are experiencing include: _____
Name and contact information of healthcare provider: _____
Date of next appointment with your healthcare provider: _____

4.   Name and relationship to person you are caring for: _____
Name and contact information of healthcare provider (if applicable): _____
Is anyone else able to care for this person? _____
Please include note from the healthcare provider, together with your request.
Identify the government authority that issued the isolation order (if applicable): _____
_____

5.   Name(s) and age(s) of children to be cared for: _____
        Name and contact information of school, place of care, or child care provider that is
        unavailable: _____
        Is anyone else able to care for this person during the period for which you are seeking leave?
        _____
        Date when school or place of care is expected to be available: _____
        If you are requesting leave to provide childcare during daylight hours for a child older than age
        14 describe the special circumstances that exist requiring you to care for the child: _____
        _____
        Please include a notice from your school or child care provider identifying its closure
        together with your request.

        Will you need leave to care for your child for longer than 10 days? ___ Yes ___ No

        For the first ten days of leave to care for your child, do you want to utilize FFCRA paid sick
        leave, PTO or be unpaid? ___ Utilize Sick Leave ___ Utilize PTO ___ Unpaid

6.   Nature of condition: _____

SECTION 3: Describe the date or dates for which you are requesting FFCRA leave:

_____

_____

I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts may be cause for denial of leave and subject me to discipline, up to and including termination.

Signature: _____

Date: _____

_____

FOR PERSONNEL OFFICE USE ONLY
After processing election form, place in employee's
personnel file and return a copy to employee.

Date Leave Election Form Received: _____

Reviewed By: _____

☐   Employee's leave request is approved, as follows: _____

_____

If employee is taking leave for child care reasons and is eligible for expanded FMLA, also complete a separate FMLA designation form.

☐   Employee's leave request is denied. Reason: _____

_____