



FAMILIES FIRST CORONAVIRUS RESPONSE ACT PAID LEAVE REQUEST FORM

WHAT IS THE FFCRA? Effective April 1, 2020 through December 31, 2020, Congress has passed new legislation designed to help employees who are **unable to work or telework** to the COVID-19 outbreak. The law contains two main components each with different eligibility requirements and qualifying reasons for taking leave. Detailed information about the Act can be found [here](#). For questions, please contact your worksite employer or the Helpside HR Department at 801-443-1090.

Employee Name:		Company Name:	Job Title:
Email Address: (required)		Last four of the Social Security #: xxx-xx-	Phone #
Type of Requested Leave: <input type="checkbox"/> Continuous Leave <i>(Leave taken all at once)</i>		Requested Start Date:	Requested End Date (if known):
<input type="checkbox"/> Intermittent Leave <i>(Can only be taken if the employer agrees)</i>			
Reason for Leave of Absence:		List of Acceptable Documentation: (Attach all that apply)	Answer all questions below:
<input type="checkbox"/> Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 Name of government entity on the order: _____ <input type="checkbox"/> Employee has been advised by a licensed provider to quarantine or self-quarantine due to concerns related to COVID-19. Name of licensed provider: _____ <input type="checkbox"/> Employee has symptoms of COVID-19 and is seeking a medical diagnosis <input type="checkbox"/> Employee is caring for an individual who has been ordered to quarantine or isolate due to concerns related to COVID-19. Name of provider or gov. entity advising the order: _____ Name of individual on the order: _____ Relationship to employee: _____		Copy or source of the Federal, State, or local quarantine or isolation order impacting the employee or someone the employee is caring for Written documentation by the healthcare provider advising the employee or person employee cares for to self-quarantine A notice that has been posted on a government, school, or daycare website, or published in a newspaper or An email from an employee or official of the school, place of care, or child-care provider	Have you elected any company insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you used FMLA leave within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on another type of leave? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been placed on leave due to a temporary layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your spouse work for the same company? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse Name _____
<input type="checkbox"/> Employee is caring for a son or daughter whose school, place of care, or child-care provider is unavailable due to COVID-19 Name and age of each child: _____ If the child(ren) are over 14, please state the special circumstances requiring the employee to provide care: _____		If requesting leave to care for a child, please indicate the following: Name of school and or place of care that is unavailable: _____	



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ACKNOWLEDGMENT:

- I understand that by submitting this request, I represent that I am unable to work or telework due to the reason identified above.
- If my request reason is to care for a son or daughter whose school, place of care, or child-care provider is unavailable due to COVID-19, **I represent that no other person will be providing care for the child during the period for which I will be taking leave.**
- I understand that I must submit the required documentation to my worksite employer before my leave begins wherever possible. In cases where this is not possible, I understand that documentation must be submitted as soon as it is available.
- I understand that if required documentation is not received within a reasonable amount of time, my leave may not be approved. Any unapproved/non qualifying absences may be subject to corrective action.

Employee Signature (typed or handwritten by employee): _____

Date: _____

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