



# 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 2 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 Helpline 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:		<b>List of Acceptable Documentation:</b> (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 <b>Name of government entity on the order:</b> -----		Copy or source of the Federal, State, or local quarantine or isolation order impacting the employee or someone the employee is caring for	Have you elected any company insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Employee has been advised by a licensed provider to quarantine or self-quarantine due to COVID-19 <b>Name of licensed provider (i.e. Sam Smith, MD)</b> -----			Have you used FMLA leave within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Employee has symptoms of COVID-19 and is seeking a medical diagnosis		Name and title of the licensed healthcare provider advising the employee or person employee cares for to self-quarantine	Are you currently on another type of leave? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Employee is caring for an individual who has been ordered to quarantine or isolate <b>Name of provider or gov. entity advising the order:</b> ----- Name of individual on the order: ----- Relationship to employee: -----			A notice that has been posted on a government, school, or daycare website, or published in a newspaper or or An email from an employee or official of the school, place of care, or child-care provider
<input type="checkbox"/> Employee is caring for a <b>son or daughter</b> whose school, place of care, or child-care provider is unavailable due to COVID-19 <b>Name and age of each child:</b> ----- ----- If the child(ren) are over 14, please state the special circumstances requiring the employee to provide care: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		If requesting leave to care for a child, please indicate the following:  Name of school and or place of care that is unavailable: ----- -----	Does your spouse work for the same company? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse Name



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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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