

In the spring of 2020, the US Congress passed the FFCRA to provide paid leave to employees who are **unable to work or telework** due to the COVID-19 outbreak. The law contains two main components each with different eligibility requirements and qualifying reasons for leave. Find information on the FFCRA [here](#). While the FFCRA ended on 12/31/2020, Congress extended the tax credit portion of the FFCRA, which gives qualifying employers reimbursement for leave voluntarily provided under the FFCRA framework. **Before completing this form, please confirm with your worksite employer that they will provide paid FFCRA-type leave after December 31, 2020.** If you have other questions, contact the Helpside HR Team 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> -----		Name and title of the licensed healthcare provider advising the employee or person employee cares for to self-quarantine
<input type="checkbox"/> Employee has symptoms of COVID-19 and is seeking a medical diagnosis	A notice that has been posted on a government, school, or daycare website, or published in a newspaper or	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: -----	An email from an employee or official of the school, place of care, or child-care provider	Have you been placed on leave due to a temporary layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No
<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:	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.
- I represent that I have conferred with my employer and confirmed that my employer has agreed to provide paid leave under the Families First Coronavirus Response Act framework for leave taken between January 1, 2021 and March 31, 2021.

Employee Signature (typed or handwritten by employee): \_\_\_\_\_

Date: \_\_\_\_\_

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