

REQUEST FOR LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

**\*THIS SECTION TO BE COMPLETED BY EMPLOYER \***

**I. Employee Information**

Employee Name :

\_\_\_\_\_

Date of Hire:

\_\_\_\_\_

Job/Position:

\_\_\_\_\_

Eligible to Work from Home: \_\_\_\_\_ Yes \_\_\_\_\_ No

Designated as Essential Employee: \_\_\_\_\_ Yes \_\_\_\_\_ No

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**II. Emergency Paid Sick Leave Act (EPSLA)**

An employee qualifies for paid sick time if the employee is unable to work or telework due to a need for leave because the employee:

1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Has been advised by a health care provider to self-quarantine for a reason related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for a child whose school or place of care is closed or unavailable for reasons related to COVID-19; or
6. Is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

Are you applying for emergency paid leave under the EPSLA?

Yes \_\_\_\_\_ No Under which reason

above (1-6) are you applying?

Please describe the reason for your request:

I understand that by signing this request for leave under the FFCRA, I am representing that I am unable to work or telework because of the COVID-19 qualifying reason described above. I acknowledge that any misrepresentations or falsification of records may be grounds for discipline up to and including discharge.

Employee Signature:

Dates of Leave Requested:

Date of Request:

PLEASE NOTE: If you are granted paid sick leave under the EPSLA, you will be entitled to: (1) Ten

(10) days of paid sick leave for full time employees, or (2) A number of hours equal to the number of hours that such employee works, on average, over a two week period for part- time employees.

If you are applying for and are granted emergency paid sick leave under the EPSLA for reasons 1-3, you will be entitled to your full pay during the days missed up to \$511 per day and \$5,110 total. If you are applying for and are granted emergency paid sick leave under the EPSLA for reasons 4-6, you will be entitled to two-thirds (2/3) of your pay up to \$200 per day and \$2,000 total.

If you are applying for and are granted emergency paid sick leave under the EPSLA for reason 5, you are entitled to an additional ten (10) weeks of leave under the Family Medical Leave Act (FMLA).

\*\* Please attach documentation supporting your request for emergency paid sick leave.

- If you are requesting leave under: (1), (2), or (4), you must provide either:
  - a.** The government entity that issued the quarantine or isolation order to which you or the individual(s) under your care are/is subject; or
  - b.** The name of the health care provider who advised you or the individual(s) under your care to self-quarantine.
- If you are requesting leave under (5) and expanded FMLA under the FFCRA, you must provide the following information:
  - a.** The name of the child being cared for;
  - b.** The name of the school, place of care, or child care provider that is closed or became unavailable due to COVID-19 related reasons; and
  - c.** A signed copy of the attached affidavit representing that no other suitable person is available to care for the child during the period of requested leave.

**III. Emergency Family and medical Leave Expansion (Expansion Act)**

Do you have a son or daughter under the age of 18 who requires your care during the workday?

Yes \_\_\_\_\_ No

Is your child's school or daycare closed or childcare provider unavailable due to COVID-19 related reasons?

Yes \_\_\_\_\_ No

Is your childcare facility currently operating under a waiver provided by the Commonwealth?

Yes \_\_\_\_\_ No

Note: Some childcare facilities have received waivers from the Commonwealth to continue to operate. In order to be eligible for leave, your childcare facility must not be operating under a waiver.

**\*\*Please complete the Childcare Affidavit and submit it with this form.**

**IV. EMPLOYEE AFFIRMATION**

I, \_\_\_\_\_ affirm that the information submitted on this form is true and correct to the best of my belief.

Employee Signature:

I understand that by signing this request for leave under the FFCRA, I am representing that I am unable to work or telework because of the COVID-19 qualifying reason described above. I do hereby verify that the factual statements made in this form are true and correct to the best of my knowledge, information, and belief. I acknowledge that any misrepresentations or falsification of records may be grounds for discipline up to and including discharge, and that the statements made herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.