

## Families First Coronavirus Response Act REQUEST LEAVE FORM

**TO THE EMPLOYEE:** This form is used to request Emergency FMLA Leave and/or Emergency Paid Sick Leave under the Families First Coronavirus Response Act (“FFCRA”). Please review the Employee Rights Poster/FFCRA Policy for more information about the benefits you may be eligible to receive. In order to be considered for these benefits, you must complete the following request form and supporting documentation and submit to the human resources department as soon as practicable. Verbal notice will be accepted until a form can be provided.

**Employee Name (print clearly):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Requested Leave Start Date:** \_\_\_\_\_

**Estimated End Date:** \_\_\_\_\_

### SECTION A – EMERGENCY FAMILY MEDICAL LEAVE (“EFMLA”)

1. I am requesting EFMLA leave because I am unable to work or telework due to caring for my son or daughter because his/her school or place of care has been closed, or his/her childcare provider is unavailable, due to reasons related to COVID-19.  YES  NO

**(IF YOU NOT REQUESTING EFMLA, YOU DO NOT NEED TO COMPLETE QUESTION #2 BELOW)**

2. I understand that this will be counted as FMLA leave and will reduce the 12 weeks of FMLA leave otherwise available under the Company’s FMLA policy. I understand that the first two weeks of leave are unpaid.

You may elect to substitute Emergency Paid Sick Leave for the first two weeks of unpaid EFMLA. If you do not elect to substitute Emergency Paid Sick Leave for the first two weeks of unpaid EFMLA (or you already have exhausted your EPSL entitlement), you may elect to use any available accrued paid leave for the first two weeks of unpaid time. Please select one option below:

I elect to take my Emergency Paid Sick Leave, to the extent I have time remaining, during the first 2 weeks of unpaid EFMLA.

I elect to take my existing PTO/Vacation under the Company’s existing policies, to the extent there is time in those banks, during the first 2 weeks of unpaid EFMLA.

### SECTION B – EMERGENCY PAID SICK LEAVE (“EPSL”)

1. I am requesting EPSL leave because I am unable to work or telework due to the following reason: **(Select One)**:

- 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 due to concerns related to COVID–19.
- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to reasons related to COVID–19.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

### **SECTION C – DOCUMENTATION TO SUPPORT NEED FOR LEAVE**

**You are required to submit documentation supporting your need for EFMLA or EPSL. Please respond to this request for documentation to support the reason for your leave request.**

1. If you are requesting leave because you are subject to a federal, state, or local quarantine or isolation order related to COVID–19, please provide the following:

Name of the Government entity that issued the Quarantine or Isolation Order:

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2. If you are requesting leave because you have been advised by a health care provider to self-quarantine due to concerns related to COVID–19, please provide the following:

Name of the healthcare provider who advised you to self-quarantine due to concerns related to COVID-19:

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3. If you are requesting leave because experiencing symptoms of COVID–19, please confirm you are seeking a medical diagnosis:

YES  NO

4. A) If you are requesting leave because you are caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID–19, please provide the following:

Name of the person you are caring for and their relation to you:

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Name of the Government entity that issued the Quarantine or Isolation Order to which the individual being care for is subject:

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B) If you are requesting leave because you are caring for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID–19, please provide the following:

Name of the person you are caring for and their relation to you:

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Name of the healthcare provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19:

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5. If you are requesting EFMLA or EPSL because you are caring for your child whose primary or secondary school or place of care has been closed, or whose childcare provider is unavailable due to reasons related to COVID–19, please also provide the following:

Name of child(ren) being cared for:

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Name of School(s), Place(s) of Child Care or Child Care Provider(s) that is/are closed or unavailable:

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In order to qualify for leave due to your child’s school or place of care (child care provider) being closed or unavailable, you must represent that no other person will be caring for your child during any period of EFMLA OR EPSL leave.

- Will anyone else be caring for your child during your EFMLA or EPSL  
 YES  NO

If yes, who else will be providing care:

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If you are unable to work or telework because you need to provide care for a child that is over 14 years of age during day light hours, please describe the special circumstances/reasons that require you to provide care for your child at that time:

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The Company reserves the right to request you to provide additional material needed to comply with FFCRA and IRS requirements. If we request that material and you do not provide it or the materials are insufficient, the Company will not be able to approve leave.

## SECTION D – REQUEST FOR INTERMITTENT LEAVE

1.  I currently am **teleworking** and I am requesting to take my EPSL intermittently.  
 YES  NO

During my intermittent EPSL I am requesting to work on the following schedule:

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2.  I currently **am working onsite** and I am requesting to take my EPSL intermittently because I am unable to work or telework due to caring for my child(ren) because their school or place of care (childcare provider) is closed or unavailable due to reasons related to COVID-19. This is the only EPSL reason eligible for intermittent leave if an employee is working onsite.  
 YES  NO

During my intermittent EPSL I am requesting to work on the following schedule:

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## SECTION E – EXPLANATION OF PAID BENEFIT AMOUNTS

Emergency Paid Sick Leave: EPSL is up to 80 hours of paid time for full-time employees (part-time employees receive an average of 2 weeks of work). You will be paid your regular rate of pay up to a daily cap of \$511 and \$5,110 in the aggregate for ESPL reasons No. 1, 2, or 3 above. You will be paid 2/3 your regular rate of pay up to a daily cap of \$200 and \$2000 in the aggregate for EPSL reasons No. 4, 5, or 6 above.

Emergency Family and Medical Leave: EFMLA is for employees who have been employed for at least 30 days with the company. The first 2 weeks of EFMLA is unpaid (unless otherwise specified above), followed by up to 10 weeks of leave (depending upon whether you have already used available FMLA leave for other reasons) at 2/3 your regular rate of pay up to a daily cap of \$200 and \$2000 in the aggregate.

**SECTION F – USE OF AVAILABLE PAID TIME OFF TO SUPPLEMENT FFCRA BENEFITS**

If my pay for FFCRA leave is less than my regular rate of pay, I request that any accrued paid time I have available be used to supplement my FFCRA benefits up to my regular rate of pay:  YES  NO

**SECTION G – EMPLOYEE CERTIFICATION OF NEED FOR LEAVE**

I certify that the information contained on this form, including the reason I need leave and information provided in support of my need for leave, is truthful and accurate.

I further certify that if I am taking EFMLA leave or EPSL leave for reason 5 (to care for my child), that no other suitable person will be caring for my son or daughter during the period for which I take this leave. If this changes, I agree to promptly notify my employer.

I understand that providing false information or obtaining leave under false pretenses can result in discipline up to termination of employment.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_