

COVID-19-Related Paid Sick Leave or Family and Medical Leave (FFCRA) - Employee Notice

Employee Name: _____

Date(s) for Leave Requested: _____

- I am requesting: Paid sick leave for reasons related to COVID-19
 Family and medical leave for reasons related to COVID-19

Qualifying Reason for Leave:

I am unable to work or telework due to:

Paid Sick Leave

- 1. Subject to a federal, state or local quarantine or isolation order related to COVID-19.
- 2. Advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3. Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. Caring for an individual who is subject to a government quarantine or a self-quarantine advised by a health care provider (reasons 1 and 2 above).
- 5. Caring for a child because the child's school or place of care has been closed, or the child-care provider is unavailable due to COVID-19 precautions.
- 6. Experiencing any other "substantially similar condition" specified by the Secretary of Health and Human Services, such as:

Family and Medical Leave

- Caring for a child because the child's school or place of care has been closed, or the child-care provider is unavailable due to COVID-19 precautions.

Additional Required Information:

If subject to a quarantine or isolation order, the name of the government entity that issued the order: _____

If advised to self-quarantine due to COVID-19 concerns, the name of the health care provider who advised the employee: _____

If caring for someone else, provide the name of the government entity that issued the quarantine or isolation order affecting the individual, or the information of the health care provider who advised the individual to self-quarantine: _____

If taking care of a child whose school is closed or child care is unavailable due to COVID-19, then provide:

Name of child being cared for: _____ Multiple children listed on the next page.

Name of school, place of care or child care provider that has closed: _____

- I represent that no other suitable person will be caring for the child during leave.
- I represent that special circumstances exist requiring me to provide care for a child older than fourteen during daylight hours.

Employee Signature _____

Company Use Only

Employee leave was: Approved Denied Date _____

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If you're taking care of **more than one child** whose school is closed or child care is unavailable due to COVID-19 and requesting COVID-19-related family and medical leave using [COVID-19-Related Paid Sick Leave or Family and Medical Leave \(FFCRA\) - Employee Notice](#), attach this form to provide additional information on all children being care for.

| Name of Child Being Cared For: | Name of School, Place of Care or Child Care Provider That Has Closed: |
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- I represent that no other suitable person will be caring for these children during leave.
- I represent that special circumstances exist requiring me to provide care for a child older than fourteen during daylight hours.

Employee Signature _____