

Request for Leave Under the Families First Coronavirus Response Act

Employee Name: _____ Position _____

Hrs. Worked/Week _____ Hire Date _____ Phone Number _____

I, _____ hereby request a leave from work under FFCRA for the following time frame:

State Date _____ End Date _____

This leave will be: Consecutive _____ Intermittent _____ Combination _____

Reason for Leave Request (check applicable reason):

- _____ Government Self-Isolation or Quarantine Order
- _____ Healthcare Provider Advised Self-Quarantine due to COVID-19
- _____ Care for Individual Whose Healthcare Provider Has Advised Self-Quarantine due to COVID-19 or the Individual is Subject to a Government Self-Isolation/Quarantine Order
- _____ Child's School, Daycare and/or Caregiver is Unavailable
- _____ Pre - existing Conditions - ADA requirements

Please provide a brief explanation and supporting documents of the inability to work or work remotely:

Employee Signature _____ Date _____

Please return completed form to Tina Johnson in the Benefits Department.

The length of time an employee may be eligible for leave shall be consistent with the requirements of the FFCRA and other applicable State or Federal Regulations and/or district policies.