## Request for Emergency Paid Sick Leave under The Families First Coronavirus Response Act (FFCRA)

Your name and contact:	Your Current Work Schedule:			
Supervisor name:				
Time Permitted: Two weeks (80 Hours) maximum				
Type of Leave: Paid Leave				
Box 1 (check applicable box) I am unable to work (or telework) for the following reason:				
<ul> <li>□ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.* See Box 5 and 8. (Full Rate)</li> <li>□ I have been advised by a health care provider to self- quarantine due to concerns related to COVID-19.* See Box 6 and 8. (Full Rate)</li> </ul>				
<ul> <li>19.* See Box 6 and 8. (Full Rate)</li> <li>□ I am experiencing symptoms of COVID-19 and am seeking diagnosis.* See Box 8. (Full Rate)</li> <li>□ I am caring for an individual who is subject to self- quarantine by a federal, state, or local order or was advised by a health care provider to self-quarantine.** See Box 6 and 8. (2/3 Rate)</li> <li>□ I am caring for my son or daughter (under the age of 18) because school or place of care has been closed due to COVID-19 precautions.** See Box 7 and 8. (2/3 Rate)</li> <li>□ I am experiencing other conditions substantially similar to COVID-19 as specified by the Secretary of Health and Human Services.** See Box 8. (2/3 rate)</li> <li>* Up to 80 hours of paid sick leave at the employee's regular rate of pay (maximum of \$511 per day, or \$5,110 total over the entire paid sick leave period).</li> <li>** Up to 80 hours of paid sick leave at two-thirds (2/3) of your regular rate of pay (maximum of \$200 per day, or \$2,000 over the entire paid sick leave period).</li> </ul>				
Box 2 (provide date) Date Leave Will Begin:	Box 3 (provide date) Date You Will Return:			
Box 4 (check box)  Continuous  Intermittent (explain below proposed schedule for intermittent leave)				
Box 5 (provide the following information)  Name of the government entity that issued the order				
Box 6 (provide the following information)  Name of the health care provider who gave advice				

				<ul><li>□ Approved</li><li>□ Denied</li></ul>
Empl	oyee Signature	Date	Supervisor Signature	Date
unde	•	that I know t	plete, and correct to the best of my know to be false at the time I provide that infor rective action.	_
empl aggre	oyees from taking leave over th	ne limits unde	ount for the different rates of pay and will er the FFCRA, or enforce the caps on daily debt if he/she exceeds the leave limitation	or
<b>DY</b> - 1	PANDEMIC SICK [Paid at two-tl	hirds (2/3) of	an employee's full rate of pay]	
will b	e coded as "LV Excused Absen	ce" with the Z code " <b>DY</b> " v	n timekeeping systems. Emergency Paid S appropriate EHZ code. EHZ code " <b>DX</b> " wil will be utilized for EPSL under reasons (4) - 00%) rate of pay]	l be utilized for
	A statement explaining why yo k schedule.	u cannot perf	form work by means of telework and/or n	naxi-flex
	provide the following information)			
	A statement that no other suita	able person is	s available to care for your child.	
	Name of the school, place of c and	are, or child	care provider that has closed or become	e unavailable;
	(provide the following information) Name of my child;	1.41.1		