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:				
 □ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.* Use Box 5 and 8. □ I have been advised by a health care provider to self- quarantine due to concerns related to COVID- 				
19.* Use Box 6 and 8.				
 □ I am experiencing symptoms of COVID-19 and am seeking diagnosis.* Use Box 8. □ 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.** Use Box 6 and 8. 				
□ 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.** Use Box 7 and 8.				
 I am experiencing other conditions substantially similar to COVID-19 as specified by the Secretary of Health and Human Services.** <i>Use Box 8</i>. * 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).				
** 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).				
	x 3 (provide date) ate 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				

and		care provider that has closed or be available to care for your child.	pecome unavailable;
Box 8 (provide the following information)	·	form work by means of telework ar	nd/or maxi-flex
employees from taking leave o	ver the limits unde	ount for the different rates of pay a er the FFCRA, or enforce the caps o ich payment will be collected at a l	on daily or aggregate
*As of 4/15/20, the EHZ codes LV as the time code with the ap	are not available i opropriate EHZ cod	n timekeeping systems. Therefore, de provided in the REMARKS of the - (6). A prior pay correction will be r	an employee will utilize request. "DX" for EPSL
•	ation that I know t	plete, and correct to the best of my o be false at the time I provide that rective action.	_
Employee Signature	Date	Supervisor Signature	Date □ Approved □ Denied
HRO Signature	Date		