

Families First Coronavirus Response Act (FFCRA) Leave Request Form

To request Emergency Family and Medical Leave (EFML) and/or Emergency Paid Sick Leave (EPSL) under the FFCRA, you must complete and submit this form to the Library Director before leave commences or as soon as practicable. Verbal notice is also required.

Employee Name: _____

Request Leave Start Date: _____ Estimated End Date: _____

Check the appropriate box(es) below, and submit the required documentation to verify eligibility within 15 business days following your first day of absence. A new form must be submitted for each subsequent leave request.

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (*submit order*)
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (*submit documentation from health care provider*)
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis (*submit documentation from health care provider*)
- I am caring for an individual who is subject to a quarantine or isolation order related to COVID-19 or has been advised to self-quarantine due to concerns related to COVID-19 (*submit order or health care provider documentation pertaining to individual for whom you are caring*)
- I am caring for my son or daughter (under 14 years of age) whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19 (*submit documentation of school/care closure or provider unavailability*). If you have exhausted EPSL, check the box below if you wish to apply paid leave to the first 10 days of unpaid EFML and specify the number of hours requested:
 - _____ # of Vacation Hours Requested
- I am experiencing another substantially similar condition specified by the U.S. Department of Health and Human Services (*submit DHHS order and health care provider documentation*)

By signing below, I acknowledge and avow that: I am unable to work or telework (if permitted) due to one or more of the reasons specified above; making a false claim may result in disciplinary action up to and including termination of my employment and/or civil or criminal penalties; and I will notify Human Resources as soon as my circumstances change so the Company can evaluate whether I can return to work.

Employee Signature: _____ Date: _____