**Families First Coronavirus Response Act Paid Leave**

**Employee Leave Election Form**

To: [Insert HR Contact Details]

Employee Name:

Contact Information (email and phone):

**SECTION 1:** Identify the reason(s) under the Families First Coronavirus Response Act (FFCRA) for which you are unable to perform work or telework and are requesting paid leave:

1. 🞎 I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;

2. 🞎 I have been advised by a health care provider to self-quarantine related to COVID-19;

3. 🞎 I am experiencing COVID-19 symptoms and am seeking a medical diagnosis;

4. 🞎 I am caring for an individual subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19;

5. 🞎 I am caring for my child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or

6. 🞎 Other reason:

**SECTION 2:** Please provide the following information for the reason(s) identified in numbers 1 through 6 above (respond only to the specific numbers that you checked above). Include all requested documentation. The Company may request additional documentation supporting your request for paid leave, as needed.

1. Identify the government authority that issued the isolation order:

2. Name and contact information of healthcare provider:

 Beginning and end dates you have been instructed to self-quarantine:

 Please provide a note from your healthcare provider together with your request.

3. The COVID-19 symptoms you are experiencing include:

 Name and contact information of healthcare provider:

 Date of next appointment with your healthcare provider:

4. Name and relationship to person you are caring for:

 Name and contact information of healthcare provider (if applicable):

 Is anyone else able to care for this person?

 Please include note from the healthcare provider, together with your request.

 Identify the government authority that issued the isolation order (if applicable):

5. Name(s) and age(s) of children to be cared for:

 Name and contact information of school, place of care, or child care provider that is unavailable:

 Is anyone else able to care for this person during the period for which you are seeking leave?

 Date when school or place of care is expected to be available:

 If you are requesting leave to provide childcare during daylight hours for a child older than age 14 describe the special circumstances that exist requiring you to care for the child:

 Please include a notice from your school or child care provider identifying its closure together with your request.

 Will you need leave to care for your child for longer than 10 days? \_\_\_ Yes \_\_\_ No

 For the first ten days of leave to care for your child, do you want to utilize FFCRA paid sick leave, PTO or be unpaid? \_\_\_ Utilize Sick Leave \_\_\_ Utilize PTO \_\_\_ Unpaid

6. Nature of condition:

**SECTION 3:** Describe the date or dates for which you are requesting FFCRA leave:

*I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts may be cause for denial of leave and subject me to discipline, up to and including termination.*

Signature:

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR PERSONNEL OFFICE USE ONLY**

**After processing election form, place in employee’s**

**personnel file and return a copy to employee.**

Date Leave Election Form Received:

Reviewed By:

🞎 Employee’s leave request is approved, as follows:

 *If employee is taking leave for child care reasons and is eligible for expanded FMLA, also complete a separate FMLA designation form.*

🞎 Employee’s leave request is denied. Reason: