

REQUEST FOR LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

I. Employee Information

Employee Name: _____

Date of Hire: _____

Job/Position: _____

Eligible to Work from Home: _____ Yes _____ No

Designated as Essential Employee: _____ Yes _____ No _____ N/A

Full-Time: _____ Part-time: _____

II. Emergency Paid Sick Leave Act (EPSLA)

An employee qualifies for paid sick time if the employee is unable to work or telework due to a need for leave because the employee:

1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Has been advised by a health care provider to self-quarantine for a reason related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for a child whose school or place of care is closed or unavailable for reasons related to COVID-19; or
6. Is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

Are you applying for emergency paid leave under the EPSLA? _____ Yes _____ No

Under which reason above (1-6) are you applying? _____

Please describe the reason for your request:

I understand that by signing this request for leave under the FFCRA, I am representing that I am unable to work or telework because of the COVID-19 qualifying reason described above. I acknowledge that any misrepresentations or falsification of records may be grounds for discipline up to and including discharge.

Employee Signature: _____

Dates of Leave Requested: _____

Date of Request: _____

PLEASE NOTE: If you are granted paid sick leave under the EPSLA, you will be entitled to: (1) Ten (10) days of paid sick leave for full time employees, or (2) A number of hours equal to the number of hours that such employee works, on average, over a two-week period for part-time employees. If you are applying for and are granted emergency paid sick leave under the EPSLA for reasons 1-

3, you will be entitled to your full pay during the days missed up to \$511 per day and \$5,110 total.

If you are applying for and are granted emergency paid sick leave under the EPSLA for reasons 4-6, you will be entitled to two-thirds (2/3) of your pay up to \$200 per day and \$2,000 total.

If you are applying for and are granted emergency paid sick leave under the EPSLA for reason 5, you are entitled to an additional ten (10) weeks of leave under the Family Medical Leave Act (FMLA).

**** Please attach documentation supporting your request for emergency paid sick leave.**

- **If you are requesting leave under: (1), (2), or (4), you must provide either:**
 - a. **The government entity that issued the quarantine or isolation order to which you or the individual(s) under your care are/is subject; or**
 - b. **The name of the health care provider who advised you or the individual(s) under your care to self-quarantine.**
- **If you are requesting leave under (5) and expanded FMLA under the FFCRA, you must provide the following information:**
 - a. **The name of the child being cared for;**
 - b. **The name of the school, place of care, or child care provider that is closed or became unavailable due to COVID-19 related reasons; and**
 - c. **A signed copy of the attached affidavit representing that no other suitable person is available to care for the child during the period of requested leave.**

III. Emergency Family and medical Leave Expansion (Expansion Act)

Do you have a son or daughter under the age of 18 who requires your care during the workday?
_____ Yes _____ No

Is your child's school or daycare closed or childcare provider unavailable due to COVID-19 related reasons?
_____ Yes _____ No

Is your childcare facility currently operating under a waiver provided by the Commonwealth?
_____ Yes _____ No

****Please complete the Childcare Affidavit and submit it with this form.**

IV. EMPLOYEE AFFIRMATION

I, _____ affirm that the information submitted on this form is true and correct to the best of my belief.

Employee Signature: _____

I understand that by signing this request for leave under the FFCRA, I am representing that I am unable to work or telework because of the COVID-19 qualifying reason described above. I do hereby verify that the factual statements made in this form are true and correct to the best of my knowledge, information, and belief. I acknowledge that any misrepresentations or falsification of records may be grounds for discipline up to and including discharge, and that the statements made herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

CHILDCARE AFFIDAVIT

**Only for employees seeking FMLA under the FFCRA expansion and/or qualifying reason (5) under the EPSLA*

Employee Name: _____

Position: _____

Child/Children Name(s): _____

Child/Children D.O.B.: _____

Name(s) of other adult(s) living or residing in your home:

Prior to March 13, 2020, provide the following information for each child listed above:

Name of Child School/Child Care	Center or Name of Child Care Provider	Date Facility Closed or Child Care Provider Unavailable	For childcare providers not affiliated with an organization/entity provide name and contact information

Note: Some childcare facilities have received waivers from the Commonwealth to continue to operate. In order to be eligible for leave, your childcare facility must not be operating under a waiver. Please explain the childcare arrangements currently in place, including relevant information about ability of other adults living in your home to provide childcare:

I certify that I am an employee of _____ (insert District name) and am unable to telework. Due to the public health emergency, COVID-19 pandemic, my child/children’s school district or childcare facility and/or childcare provider is closed. Because of this closing and no alternate childcare available, I need to take a leave to care for my child/children. I hereby verify that the factual statements made in this affidavit are true and correct to the best of my knowledge, information,

and belief. I understand that if I misrepresent any information on this form, I may be subject to disciplinary action up to and including discharge, and that the statements made herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signature of Employee

Date