



FAMILIES FIRST CORONAVIRUS RESPONSE ACT – REQUEST FORM
Emergency Family Medical Leave (EFML) / Emergency Paid Sick Leave
(EPSL)

DATE: _____ EMP TYPE: Classified Faculty Exempt Hourly/Student

EMPL #: _____ NAME (Last, First): _____

DEPT: _____ SUPERVISOR: _____

PHONE #: _____ EMAIL: _____

NORMAL WORK SCHEDULE: _____

_____ hereby verify:

I am requesting leave as identified below. Please check all that apply.

Emergency federal family and medical leave

Emergency federal paid sick leave

I am requesting leave for the following dates _____ for the reasons listed below.

Please check all that apply.

1. School/Child Care Closure

My minor child’s school, place of care, or child care provider is unavailable due to COVID-19 and I am unable to work as a result.

My child(ren) are [list age/ages]: _____

o If older than 14, describe special circumstances: _____

Written notice from my child’s school, place of care, or child care provider documenting the closure or unavailability due to COVID-19 will be provided. (Notice can be in the form of a letter or email to you from an employee or official of the school, place of care or child care provider; a copy of a posting on a government, school, or day care website; or a copy of a publication about the closure or transition to remote education in a newspaper.) **(Note: documentation is not required prior to beginning leave.)**

No other suitable person can provide care for my child during this period of time.

My supervisor and I have discussed my telework options and I have determined I am able to work a reduced telework schedule.

My supervisor and I have discussed my telework options and have agreed that there are no telework options available for me.

My employer presently has work available for me to do.

I am unable to work at all due to childcare reasons and am requesting continuous leave until:
_____ [date]

2. Isolation/Quarantine due to Federal, State or Local Order

I cannot perform work because of a federal, state or local quarantine or isolation order.

My employer presently has work available for me to do.

Documentation of the isolation quarantine order will be provided.

(Note: documentation is not required prior to beginning leave.)

3. Isolation/Quarantine by Health Care Provider

I have been advised by a health care provider, _____, [insert name of health care provider] to self-quarantine due to concerns related to COVID-19 and I am unable to perform the work my employer currently has available for me.

Written documentation from the health care provider advising me to self-quarantine due to concerns related to COVID-19 will be provided. **(Note: documentation is not required prior to beginning leave.)**

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

4. COVID-19 Symptoms and Diagnosis

I am experiencing COVID-19 symptoms and seeking a medical diagnosis and as a result I am unable to perform the work my employer currently has available for me.

My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for myself. **(Note: intermittent leave under this reason can only be used for teleworking employees.)**

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

5. Caring for an Individual in Isolation/Quarantine due to Federal, State or Local Order

I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19 and as a result I am unable to perform the work my employer has available for me.

A copy of the Governor's Stay Home-Stay Healthy Proclamation is attached.

My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for the individual in quarantine/isolation. **(Note: intermittent leave under this reason can only be used for teleworking employees.)**

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

6. Caring for an Individual in Isolation/Quarantine by Health Care Provider

I am caring for an individual who has been advised by a health care provider, _____, [insert name of health care provider] to self-quarantine due to concerns related to COVID-19 and as a result I am unable to perform the work my employer currently has available for me.

Written documentation from the health care provider advising the individual to self-quarantine due to concerns related to COVID-19 will be provided. **(Note: documentation is not required prior to beginning leave.)**

My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for the individual in quarantine/isolation. **(Note: intermittent leave under this reason can only be used for teleworking employees.)**

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

