



Employee Request Form for FFCRA Leave

Instructions: This Form is to be used to request up to two weeks of Emergency Paid Sick Leave, and up to twelve weeks of Expanded Family and Medical Leave, paid under the Families First Coronavirus Response Act.

Please email your completed Form to humanresources@lssu.edu.

If you have any questions, please contact Human Resources at Office: 906-635-2213 or email: humanresources@lssu.edu.

EMPLOYEE INFORMATION	
Employee Name (First, Last, Middle Initial):	
Job Title:	Department:
Date of Hire:	Telephone Number:
ABSENCE INFORMATION	
Requested Dates of Absence (please list all dates):	Anticipated Return-to-Work Date:
QUALIFYING REASON FOR LEAVE	
<input type="checkbox"/> I am unable to work (including remotely) because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. <ul style="list-style-type: none">• List the first date you were unable to work (including remotely) for this reason: _____ / _____ / _____• Name of governmental entity ordering quarantine: _____	
<input type="checkbox"/> I am unable to work (including remotely) because I have been advised by a health care provider to self-quarantine related to COVID-19. <ul style="list-style-type: none">• List the first date you were unable to work (including remotely) for this reason: _____ / _____ / _____• Name of health care professional advising self-quarantine: _____	

I am unable to work (including remotely) because I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

- **List the first date you were unable to work (including remotely) for this reason:**

_____/_____/_____

I am unable to work (including remotely) because I am caring for an individual who: (1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or (2) has been advised by a health care provider to self-quarantine related to COVID-19.

- **List the first date you were unable to work (including remotely) for this reason:**

_____/_____/_____

- **Identify the individual advised to self-quarantine, and explain the individual's relation to you:**

I am unable to work (including remotely) because I am caring for my child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19.

- **List the first date you were unable to work (including remotely) for this reason:**

_____/_____/_____

- **List your children, and the ages of your children, to be cared for during the anticipated dates:**

- **If the children listed above are between the ages of 14 and 17, explain the special circumstances requiring your provision of care during the anticipated dates:**

- **Name of school or child care provider closed or unavailable due to COVID-19:**

- **Will any other person be providing care for the children listed above during the anticipated dates?**

I am unable to work (including remotely) because I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

- **List the first date you were unable to work (including remotely) for this reason:**

_____/_____/_____

DOCUMENTATION SUPPORTING QUALIFYING REASON FOR LEAVE

To ensure that you qualify, please provide documentation supporting your reason for FFCRA leave. For example, an employee who is requesting leave because of an order issued by a governmental entity or health care provider should include a copy of the order; an employee who is requesting leave to care for his/her child whose school or child care provider is closed or unavailable should include a copy of notification of the closure or unavailability; an employee who is requesting leave because he/she has been advised by a health care provider to self-quarantine related to COVID-19 should provide substantiating medical documentation.

Identify the documentation attached evidencing your inability to work (including remotely) for the above-identified reason:

FFCRA

Beginning April 1, 2020, under the FFCRA, an employee may be eligible for Emergency Paid Sick Leave if the employee is unable to work (including remotely) 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 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 his/her child whose school or place of care is closed (or child care provider is 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.

Beginning April 1, 2020, under the FFCRA, an employee may be eligible for Expanded Family and Medical Leave if the employee is unable to work (including remotely) because the employee is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

Employees should refer to the “Employee Rights” Poster previously disseminated for more information.

APPROVAL

Manager Signature/Date:

HR Signature/Date: