**Families First Coronavirus Response Act**

**Leave Request Information Form**

[Company] plans to pursue payroll tax credits offered to employers through the Families First Coronavirus Response Act (FFCRA) for qualified leave wages. To claim these credits, [Company] will need to collect from the employee requesting leave, specific leave-related information below as required by the IRS. Please complete and submit this form to [Company]. A summary of paid leave entitlements under the FFCRA as outlined by the U.S. Department of Labor (USDOL) on this form. If you have any questions concerning FFCRA leave policies, please contact [Company].

**Employee Name**: Click or tap here to enter text.

**Type of Leave Requested**:

FFCRA Paid Sick Leave  FFCRA Paid FMLA

**Leave Dates**:

**Request Date**: Click or tap here to enter text.

**Beginning Date**: Click or tap here to enter text.

**Expected End Date**: Click or tap here to enter text.

**COVID-19 related reason that you are requesting leave** (please check one from the list below):

|  |  |
| --- | --- |
|  | 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. |
|  | 1. I have been advised by a health care provider to self-quarantine related to COVID-19. |
|  | 1. I am experiencing COVID-19 symptoms and is seeking a medical diagnosis. |
|  | 1. I am caring for an individual subject to an order described in (1) or (2) above. |
|  | 1. I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.   Name of Child(ren): Click or tap here to enter text.  Name of School: Click or tap here to enter text.  Childcare Provider: Click or tap here to enter text. |
|  | 1. I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services. |

**Provide a statement that you are unable to work, including by means of telework, for the COVID-19 related reason above and written support for the reason. Please make sure to review requirements below.**

* *If your COVID-19 related reason is #1 above*, your statement should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not you, that person’s name and relation to the employee.
* *If your COVID-19 related reason is #5 above*, your statement should include the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the you are receiving family medical leave and, with respect to the your inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care. If available, please provide the notice of the school closure (can be a notice that has been posted on agovernment, school,or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or childcare provider.

**Employee Statement:**

Click or tap here to enter text.

**I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact [Company] regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of FFCRA Paid Leave Entitlements**

**Paid Sick Leave:**

Available immediately to all employees. Employee is entitled to up to two weeks (80 hours, or a part-time employee’s two-week equivalent) of paid sick leave at:

* 100% pay for qualifying COVID-19 related reasons #1, 2 and 3 above, up to $511 daily and $5,110 total;
* 2/3 pay for qualifying COVID-19 related reasons #4 and 6 above, up to $200 daily and $2,000 total;

**Expanded Paid Family and Medical Leave**

Available to employees who have been employed for at least 30 calendar days prior to leave request. Employee is entitled to up to 12 weeks of leave composed of paid sick leave (first 2 weeks) and expanded family and medical leave (next 10 weeks) paid at 2/3 for qualifying COVID-19 related reason #5 above up to $200 daily and $12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

**More information about FFCRA Leave Entitlements**

<https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>