Families First Coronavirus Response Act Claim Form

Effective April 1, 2020 - December 31, 2020

Employee Information

Name

Address	City	State	Zip Code
(Area Code) Phone Number	Job Title		

Part 1 - Emergency Paid Sick Leave - Provides employees with two-weeks of paid sick leave.

Is this claim for one or more of the following situations?:
Mark all that apply

☐ (1) Subject to a government quarantine or isolation order related to COVID-19

☐ (2) Have been advised by health provider to self-quarantine due to COVID-19

Where available, please provide documentation from a health care provider.

☐ (3) Experiencing symptoms of COVID-19 and seeking medical diagnosis

Where available, please provide documentation from a health care provider.

☐ (4) Caring for an individual subject to quarantine order described in (1); or self-quarantine, described in (2)

Where available, please provide documentation from a health care provider.

☐ (5) Caring for his or her child if schools are closed or his or her caregiver is unavailable because of a public health emergency

You must provide documentation from the day care provider or school.

☐ (6) Experiencing substantially similar conditions as specified by the Secretary of Health and Human Services

If leave for (3) above, when symptoms first appeared.

Date 1st Day Absent (Mo.)/(Day)/(Year)		Date of Diagnosis *if available* (Mo.)/(Day)/(Ye	Anticipated Return Date (Mo.)/(Day)/(Year)

Part 2 - Paid FMLA - Provides employees with up to 10 weeks of emergency expanded leave

This paid emergency leave is available to any employee who has been employed for at least 30 days if you are unable to work, including unable to telework, because you are caring for your child whose school or place of care is closed or unavailable because of a public health emergency. *If not already provided for a PSL request, please provide documentation from the school or day care provider.*

When did school or childcare end?(Mo.)/(Day)/(Year) _____ What is the anticipated return date?(Mo.)/(Day)/(Year) _____

Name and age of child(ren): _____

After the first ten days of Paid Sick Leave, as outlined above, has expired, you will be paid at your normal rate of pay.

Signature Line

The information is true and complete to the best of my knowledge and belief.

Signature		Date

For Office Use Only:

FFCRA - Paid Sick Leave					
Timeperiod reviewed:		Beginning date:		Ending date:	

FFCRA-Paid FMLA	Beginning date:		Ending date:	
HR Approval:			Date:	