**FFCRA LEAVE REQUEST FORM**

**Employees who are eligible for the Emergency Paid Sick Leave Act (EPLSA) and/or the Emergency Family Medical Leave Expansion Act (EFMLEA) must complete this form a return to their campus HR Director for final approval.**

**SECTION I : EMPLOYEE INFOMRATION**

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

**College:** Choose an item. **CBA:** Choose an item.

**SECTION II: TIME & REASON REQUEST**

**Anticipated Begin Date**: Click or tap to enter a date.  
**Anticipated End Date**: Click or tap to enter a date.

**I am unable to work or telecommute for the following reason (**check applicable**):**

I am subject to federal, state, or local quarantine or isolation related to COVID-19

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19

I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis

I am caring for a family member subject to a quarantine order or self-quarantine

I am caring for my children due to school closure or their caregiver is unavailable because of the   
 COVID-19 health emergency

I am experiencing substantially similar conditions as specified by the Secretary of Health and Human   
 Services.

I am also requesting use of Emergency Family Medical Leave Expansion Act related to the fact that I   
 am caring for my children due to school closure or their caregiver is unavailable because of the COVID-  
 19 health emergency.

**SECTION III: EMPLOYEE AUTHORIZATION**

I am attaching documentation to support to use of EPSLA

I am attaching documentation to support to use of EFMLEA

*(I understand that I may be required to provide additional documentation at a later date.)*

**Employee signature:** Click or tap here to enter text. **Date:** click here to enter date

Employer Use Only

|  |  |  |
| --- | --- | --- |
| Leave request | Approved | Denied |
| HR Approval |  | Date Click or tap to enter a date. |
| Comments |  |  |