**FAMILIES FIRST CORONAVIRUS RESPONSE ACT**

**REQUEST FOR LEAVE**

In accordance with the Families First Coronavirus Response Act, \_\_\_\_\_\_\_\_\_\_\_is offering two weeks of paid sick leave and in some cases 10 weeks of paid FMLA in addition to the two weeks of paid sick leave. Please select which option you are requesting below and submit a request for **CV-PTO (Self)** or **CV-PTO (Child)**. Please note that option 2 is only available for employees who need to utilize options 1c or 1d. You are required to submit another copy of this form if you need to utilize the FMLA option in addition to submitting another request for **CV-FMLA**. Please provide a medical note with this document or as soon as feasible. Also, if you are utilizing options 1c, 1d, and 2, to take care of a child whose school or place of care has been closed due to COVID-19, please provide information that provides the original final day of classes for the school district you reside in. If you have any questions, please contact \_\_\_\_\_\_\_\_\_

**Paid Sick Leave**

\_\_\_\_\_ 1a – **CV-PTO (Self)** If you are a full-time employee diagnosed with COVID-19 and are unable to telecommute, you are eligible for up to 80 hours of paid sick leave at your regular hourly rate up to $511.00 per day.

\_\_\_\_\_ 1b – **CV-PTO (Self)** If you are a part-time employee and/or an intern diagnosed with COVID-19 and are unable to telecommute, you are also eligible for paid sick leave. The hours that you are eligible for will be determined by the average number of hours you have worked per week over the previous 6 months. Your normal hourly rate will be used but capped out at $511.00 per day.

\_\_\_\_\_ 1c – **CV-PTO (Child)** All full-time employees who need leave in order to care for an individual who is subject to quarantine or isolation order, to care for a child whose school or place of care is closed due to COVID-19, or is experiencing a similar condition later specified by the Secretary of Health and Human Services are eligible for up to 80 hours of paid sick leave at two-thirds your regular rate of pay, or up to $200.00 per day ($2,000.00 in the aggregate), whichever is less.

\_\_\_\_\_ 1d – **CV-PTO (Child**) All part time employees and/or interns who need leave in order to care for an individual who is subject to quarantine or isolation order, to care for a child whose school or place of care is closed due to COVID-19, or is experiencing a similar condition later specified by the Secretary of Health and Human Services are also eligible for paid sick leave. The hours that you are eligible for will be determined by the average number of hours you have worked per week over the previous 6 months. The leave will be paid at two-thirds your regular rate of pay, or up to $200.00 per day ($2,000.00 in aggregate), whichever is less.

**Paid FMLA**

\_\_\_\_\_ 2 – **CV-FMLA** All employees who have been employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for at least 30 calendar days and are unable to telecommute due to a need to take care of a child under 18 whose school or place of care has been closed due to COVID-19, and was paid 2 weeks of options 1c or 1d paid sick leave are eligible for paid FMLA. The rate of pay for FMLA is two-thirds your regular rate of pay, or $200.00 per day ($10,000.00 in aggregate), whichever is less. Please continue on to second page to provide additional needed information.

By signing below, I certify that the information I have provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is true and accurate. I have included any supporting documentation, if available, along with this form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTENDED FAMILY MEDICAL LEAVE DOCUMENTATION**

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| **Employee Name:** |
| **Best Phone Number:****E-mail:** |
| **This is a** *(choose one)***:** [ ]  New request for leave [ ]  Request for an extension of leave |
| **Anticipated Begin Date of Leave:** **Expected Return to Work Date:**  |
| **Reason for Leave** (*check all applicable*) I am unable to work (or telework) for the following reasons: [ ]  I need to care for my son or daughter under age 18 because my child’s elementary or secondary school has been closed due to a public health emergency[ ]  I need to care for my son or daughter under age 18 because my child’s place of care has been closed due to a public health emergency.[ ]  I need to care for my son or daughter under age 18 because the childcare provider for my son or daughter is unavailable because of a public health emergency. (Please submit a statement from the school or childcare agency that they are closed due to COVID.) |
| **I will need** *(choose one)***:** [ ]  Continuous leave [ ]  Intermittent leaveIf your need for leave is intermittent, please describe the nature of your intermittent leave request for our review and support as to feasibility:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Substitution of Paid Leave:**  *Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however you may be eligible for emergency sick leave provided through the FFCRA. In the event you are not eligible for emergency sick leave, you are permitted to use available paid leave to cover this period. Please indicate if you would like to use paid leave during the first 10 days of your absence (if you are not eligible for emergency sick leave) and how many hours you plan to use.* [ ]  Vacation/PTO (      Hrs) [ ]  Sick Leave (      Hrs) [ ]  Personal (      Hrs) [ ] Other (      Hrs) |