

REQUEST FOR LEAVE: FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Under the FFCRA, employees may be eligible for one or both of the following leave types:

- Emergency Paid Sick Leave (EPSL)
- Expanded Family and Medical Leave Act (FMLA+)

You must provide as much advance notice as is reasonably practicable and no later than the end of the first workday or portion of a workday for which the employee receives paid leave in order to continue to receive such leave. For additional information, please refer to Friends of Youth [FFCRA Policy](#), also available on SharePoint under Human Resources.

Please complete this form and send documentation supporting your request for leave to Human Resources (see page 4 of this form for examples of acceptable documentation).

SECTION I: Employee Name: _____

Home Phone Number: _____ **Cell Phone Number:** _____

1. TYPE OF LEAVE (*Choose one*)

☐ New Request for leave

☐ Request for an extension of leave

2. EXPECTED LEAVE DURATION

Expected Begin Date of Leave: _____ **Expected Return to Work Date:** _____

3. QUALIFYING REASON

I certify that I am unable to work (or telework) for the following reasons: (check all that apply)

<input type="checkbox"/> 1. I am subject to state, federal, or local quarantine or isolation order related to COVID-19	<input type="checkbox"/> 4. I am caring for an individual who is subject to an order described in (1) or self-quarantine as described in (2)
<input type="checkbox"/> 2. I have been advised by a health care provider to self-quarantine related to COVID-19	<input type="checkbox"/> 5. I need to care for my child ¹ whose school, or place of care is closed (or child provider is unavailable) due to COVID-19
<input type="checkbox"/> 3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis	<input type="checkbox"/> 6. I am experiencing other conditions substantially similar to COVID-19 as specified by HHS

¹ Child is defined as biological, adopted, or foster child, stepchild, legal ward, or a child whom you are standing in loco parentis; who is under 14 years of age or 14 years of age and older with special circumstances that require providing care during daylight hours.

4. INTERMITTENT LEAVE (Complete this section only if you selected qualifying reason #5)

I will need (choose one):

☐ Continuous leave ☐ Intermittent leave

If your need for leave is intermittent, please indicate the days/number of hours you would be on leave. Intermittent leave should be taken in a minimum of half-day increments (*e.g.*, 4 hours for an 8-hour workday.)

Mondays: _____ hours of leave Fridays: _____ hours of leave
 Tuesdays: _____ hours of leave Saturdays: _____ hours of leave
 Wednesdays: _____ hours of leave Sundays: _____ hours of leave
 Thursdays: _____ hours of leave **Total hours per week on leave:** _____

5. REASON (5): SCHOOL AND PLACE OF CHILD CARE CLOSURES

Child(s) first and last name `	Age	Name of school, place of care or child care provider that is closed or unavailable.

☐ Please initial here if you are certifying that no other person will be providing care for the child(ren) listed above during the period for which you are applying for expanded family medical leave.

If you have listed a child above who is older than 14 years² of age, please explain the special circumstances that exist requiring you to provide them care during daylight hours:

If your leave is due to leave reason (5), above, you may eligible for up to 12 weeks of leave under FMLA+. The first 10 days of FMLA+ leave is unpaid; however, employees may use the paid leave provided under the EPSL (and/or their own accrued PTO) during this time. By completing this form, you are applying for ESPL for those first 10 days of leave.

☐ Please check this box, if you **DO NOT** want to elect EPSL during the first 10 days of unpaid FMLA+

² Required by Department of Labor (DOL)

6. REASONS (1), (2), (3) AND (6): QUARANTINE ORDER OR SELF-QUARANTINE ADVISED FOR SELF

Please provide the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine for individual named above:

Date of the order or medical advice: _____

7. REASON (4): QUARANTINE ORDER OR SELF-QUARANTINE ADVISED FOR ANOTHER INDIVIDUAL

Name of individual you are providing care for due to an order described in qualifying reason (1) or self-quarantine as described in qualifying reason (2):

Your relation to this individual: _____

Please provide the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine for individual named above:

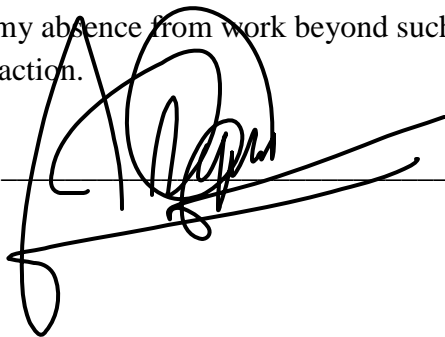
Date of the order or medical advice: _____

See page 4 of this form for examples of acceptable documentation

EMPLOYEE STATEMENT

I certify that the above information is accurate and complete. I understand I am required to provide requested documentation to be eligible for leave. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Signature: _____ Date: _____



REQUIRED DOCUMENTATION

Along with the completed Request Form, supporting documentation is required. Please submit documentation to HR@friendsof youth.org or to the HR confidential fax line: 425-629-3211.

Examples of acceptable documentation³:

For Emergency Paid Sick Leave (EPSL) reason (1)

- Acceptable documentation of this situation includes, a copy of the order issued.

For Emergency Paid Sick Leave (EPSL) reason (2)

- Acceptable documentation of this situation, which includes, for example:
 - A letter or email from the healthcare provider documenting the instruction to quarantine or isolate;
 - A screenshot of your healthcare records or “my chart” records documenting the healthcare provider’s instructions to quarantine or isolate.

For Emergency Paid Sick Leave (EPSL) reasons (3), (4) and (6)

- Acceptable documentation of this situation, which includes, for example:
 - A letter or email from the healthcare provider documenting that you or the individual are seeking a medical diagnosis;
 - A screenshot of your healthcare records or “my chart” records documenting you or the individual are seeking a medical diagnosis.

For Emergency Paid Sick Leave (EPSL) and/or Expanded Family Medical Leave (FMLA+) reason (5)

- Acceptable documentation of this situation, which includes, for example:
 - A notice of closure or unavailability from the child’s school, place of care, or child care provider;
 - A notice posted on a government, school, or daycare website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

Friends of Youth may request supplemental or clarifying documentation as required by the I.R.S. for any one of these qualifying reasons.

³ This list is prepared on April 1, 2020, based on DOL guideline. This guidance is being updated frequently; hence additional document may be required.

SECTION II: Employer Response (HR completes)

The employee's request is: ☐ Approved ☐ Denied

1. Based on Department of Labor eligibility criteria, this employee is approved for:

- ☐ Emergency Paid Sick Leave (EPSL)
- ☐ Expanded Family and Medical Leave Act (FMLA+)

2. Employee's approved leave dates:

ESPL: _____ to _____
(start date) (end date)

FMLA+: _____ to _____
(start date) (end date)

(If applicable) Intermittent leave details: _____

3. Duration and Pay Calculation for Leave:☐ **EPSL leave reasons (1), (2), or (3):**

- A full-time employee is eligible for up to 80 hours of leave, a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- Paid at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

☐ **EPSL leave reasons (4) or (6):**

- A full-time employee is eligible for up to 80 hours of leave, a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- Paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

☐ **EPSL and FMLA+ leave reason (5):**

- A full-time employee is eligible for up to 12 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

FMLA+ leave is unpaid for the first 10 days of leave, and EPSL or any accrued paid time can be used by the employee.

Indicate if employee elected to use EPSL during this period: ☐ Yes ☐ No

- paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period—two weeks of emergency paid sick leave followed by up to 10 weeks of paid expanded family and medical leave; both leave types are paid at this rate).

4. (If applicable) FMLA Leave Available

The amount of FMLA+ leave an employee is eligible for is included in, and not in addition to, the total FMLA leave entitlement of 12 weeks in a 12 month period (for example, if an employee has already taken 6 weeks of FMLA leave in the past 12 months, that employee would be eligible for up to another 6 weeks of FMLA+ leave).

This employee has used _____ of their 12 week FMLA entitlement in the past 12 months.

5. Additional information, if request denied:

Signature of HR Generalist

Date

Signature of HR Director

Date