



## FAMILIES FIRST CORONAVIRUS RESPONSE ACT APPROVAL REQUEST

Employee name \_\_\_\_\_

Personnel ID number \_\_\_\_\_

Facility/Office \_\_\_\_\_

I am unable to work for the reason(s) listed below and am requesting leave beginning \_\_\_\_\_.

**Reason for requested leave:** (Check all that apply)

- ☐ 1) I am experiencing COVID-19 symptoms and seeking a medical diagnosis.
- ☐ 2) I have been advised by a health care provider to self-quarantine related to COVID-19.
- ☐ 3) I am caring for an individual who has been advised by a health care provider to self-quarantine or is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- ☐ 4) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

Provide the name of your health care provider if you selected 1, 2, or 3:

Additional information: \_\_\_\_\_

**Expanded Family and Medical Leave Act (EFMLEA) may also apply to the reasons below.**

Consult with your Human Resources representative to ensure you meet the eligibility requirements for this leave.

- ☐ 5) I am caring for a child whose school or place of care is closed, or my child care provider is unavailable, for reasons related to COVID-19\*.

Name of child(ren): \_\_\_\_\_

Name of school or place of care: \_\_\_\_\_

☐ Yes ☐ No There is no other suitable person who can provide care for my child during this period of time.

If No, will leave be taken intermittently? ☐ Yes ☐ No

If Yes, on what schedule? \_\_\_\_\_

Documentation of school or daycare closure period is required and must be attached to this request form.

*\*If you are taking EFMLEA, you may take emergency paid leave for the first two weeks of that leave period or you may substitute any accrued vacation leave, personal leave, or sick leave you have. Refer to the 2<sup>nd</sup> page for more information.*

**If you are eligible to telework you may not be eligible for leave under the Families First Coronavirus Response Act (FFCRA).**

☐ My supervisor has confirmed there is no telework option available for me.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020 at \_\_\_\_\_, Washington.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**NOTICE:** Any misrepresentations provided as a basis for this request will be subject to disciplinary action.

All existing certification requirements under the Family and Medical Leave Act (FMLA) remain in effect if you are taking leave for one of the existing qualifying reasons under the FMLA. For example, if you are taking leave beyond the two weeks of emergency paid sick leave because your medical condition for COVID-19-related reasons rises to the level of a serious health condition, you must continue to provide medical certifications under the FMLA if required by your employer.

FFCRA Paid Sick Leave is limited up to 80 hours of leave from April 1 through December 31, 2020. Part-time and on-call employees will be provided leave equal to the average number of hours worked over the six months prior to taking this paid sick leave. For leave reasons 1, 2, or 4, employees will be paid at the employee's regular rate of pay up to \$511 per day and a maximum of \$5,100 total. For leave reasons 3 or 5, employees will be paid at 2/3 of their regular rate of pay up to \$200 per day and a maximum of \$2,000 total. For reason 5, an additional 10 weeks will be paid at 2/3 of their regular rate of pay up to \$200 per day and a maximum of \$10,000 total. For reason 5, if an employee chooses not to use FFCRA paid sick time and instead uses their own accrued leave, they are entitled to the full amount of pay, even if that is greater than \$200 per day.

Any leave taken for reasons 3 or 5 paid at reduced rate will not be reportable to the Department of Retirement Services (DRS) for retirement service credits. Employees are eligible to purchase optional service credits from DRS for the period of time they were paid at a reduced rate. Any accrued leave the employee utilizes at their normal rate of pay will count toward DRS retirement service credit.

| LEAVE CODE                     | REASON FOR REQUESTED LEAVE |
|--------------------------------|----------------------------|
| 9370 - Emergency Paid SLA      | 1, 2, and 4                |
| 9371 - Emergency Paid SLA Care | 3 and 5                    |
| 9369 - Emergency Paid EFMLEA   | 5**                        |

| HUMAN RESOURCES USE ONLY   |                           |                       |
|--|---------------------------|-----------------------|
| Employee name _____  | Personnel ID number _____ | Facility/Office _____ |
| Part time/On-call eligible hours entitlement: _____  |                           |                       |
| Qualify for EFMLEA if reason 5 is selected? <input type="checkbox"/> Yes <input type="checkbox"/> No           |                           |                       |
| If yes, how many hours of EFMLEA is available? _____   |                           |                       |
| <input type="checkbox"/> Approved      Requested leave reason number: _____<br><input type="checkbox"/> Denied |                           |                       |
| Human Resources Representative _____   |                           | Signature _____       |

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Employee Occupational Health Record  
**COPY** - Employee, Appointing Authority