

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	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
HR Approval		Date Click or tap to enter a date.
Comments		