

## **REQUEST FOR PAID SICK OR FAMILY LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) Employer Instructions**

Regardless of whether you grant or deny a request for paid sick leave or expanded family and medical leave, you must document the following:

- The name of your employee requesting leave;
- The date(s) for which leave is requested;
- The reason for leave; and
- A statement from the employee that he or she is unable to work because of the reason.

If your employee requests leave because he or she is subject to a quarantine or isolation order or to care for an individual subject to such an order, you should additionally document the name of the government entity that issued the order. If your employee requests leave to self-quarantine based on the advice of a health care provider or to care for an individual who is self-quarantining based on such advice, you should additionally document the name of the health care provider who gave advice.

If your employee requests leave to care for his or her child whose school or place of care is closed, or child care provider is unavailable, you may must also document:

- The name of the child being cared for;
- The name of the school, place of care, or child care provider that has closed or become unavailable; and
- A statement from the employee that no other suitable person is available to care for the child.

Employers that provide paid sick leave and expanded family and medical leave required by the FFCRA are eligible for reimbursement of the costs of that leave through refundable tax credits. If you intend to claim a tax credit under the FFCRA for your payment of the sick leave or expanded family and medical leave wages, you should retain appropriate documentation in your records. You should consult Internal Revenue Service (IRS) applicable forms, instructions, and information for the procedures that must be followed to claim a tax credit, including any needed substantiation to be retained to support the credit.

You are not required to provide leave if materials sufficient to support the applicable tax credit have not been provided.

## REQUEST FOR PAID SICK OR FAMILY LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

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

Date(s) for which leave is requested: \_\_\_\_\_

Reason for Leave:

I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.  
Name of government entity issuing such order:

\_\_\_\_\_

I have been advised by a health care provider to self-quarantine related to COVID-19.  
Name of health care provider:

\_\_\_\_\_

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

I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19.

I am caring for an individual who is in self-quarantine related to COVID-19.

I am caring for my child because his/her school or day care provider has been closed or is otherwise unavailable due to COVID-19 and there is no other suitable person available to care for my child. Name(s) of my child(ren) needing care:

\_\_\_\_\_

Name of school, place of care, or child care provider that has closed or become unavailable:

\_\_\_\_\_

By my signature below, I declare that I am unable to work or telework because of the reason marked above. If I am requesting leave due to caring for my child because his/her normal school/day care is closed, I officially state that there is no other suitable person available to care for my child.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Printed Name