



Family First Coronavirus Response Act (FFCRA) Leave Request Form

The Families First Coronavirus Response Act (FFCRA or ACT) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

In response to your request for leave under the FFCRA, you are required to complete this form so Human Resources can make a determination on eligibility in accordance with the law.

Date:	_____	Department:	_____
Name:	_____	Position:	_____
Employee ID Number:	_____	Supervisor:	_____
Site Location:	_____	Leave Start Date:	_____
Date of Hire:	_____	Part Time or Full Time:	_____

I am unable to work, including telework, and am requesting the following (please check all that apply):

I am requesting two (2) weeks emergency paid sick leave to be used **intermittently** or **consecutively** (circle one)*

Please check the applicable reason for paid sick leave request:

- Subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- Have been advised by a health care provider to self-quarantine related to COVID-19;
- Am experiencing COVID-19 symptoms and am seeking a medical diagnosis;
- Am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- Am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
- Am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

I am requesting the expanded family and medical leave to be used **intermittently** or **consecutively** (circle one)**

*I understand that I have, and am waiving, the option to use my own paid leave time first.

**I understand that any FMLA time that has been used since 9/1/2019 will be deducted from the provisions set forth under FFCRA expanded family and medical leave.

Please sign and date below and return to Kinya Robinson, Interim Human Resources Director by emailing a scanned copy to employment@chesteruplandsd.org.

The Department of Labor website has posted Frequently Asked Questions and Answers that may be helpful in understanding FFCRA. Click [here](#) to link to their website. Please also feel free to reach out to Kinya Robinson at any time.

_____	_____
Employee Signature	Date

If Applicable:

I, hereby, certify that I am unable to work, or telework, to care for my child(ren) who meet the definition under the law, due to school or childcare being closed (or child care provider is unavailable) due to COVID-19 related reasons.

_____	_____
Employee Signature	Date

The Chester Upland School District will apply the most current laws and regulations.