

**Families First Coronavirus Response Act
Emergency Family and Medical Leave and/or Emergency Paid Sick Leave
Employee Request Form**

To request leave on the basis of the FFCRA, please complete the following request form and submit to your Coastal Employment Branch Manager as soon as practical.

Employee Name (print clearly):

Requested Leave Start Date:

Estimated End Date:

Client Company:

Original Placement Start Date:

The reason for this FMLA leave request is (select the most appropriate box):

- 1. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19;
- 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- 4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- 5. Employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
- 6. Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

For #6, time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours/day or fewer hours/week).
- On an intermittent basis (periodic time off not expected to be the same day or time off each week).

Determination of eligibility for leave under the FFCRA Emergency FMLA and Emergency Paid Sick Leave, and/or additional documentation or clarification of documentation, may be required prior to making a final determination to approve or deny a leave request. Please contact your Coastal Employment Branch Manager with any questions.

By signing this form, *I certify that my leave request is for a bona fide reason (listed above) and I will provide documentation to Coastal Employment.*

Employee Signature:

Date:

For Accounting Use ONLY:

Date received:
