Select one:

**NEW** Leave of Absence

**REVISION** of prior request

**EXTENSION** of Leave

**FFCRA LEAVE REQUEST FORM**

|  |  |  |
| --- | --- | --- |
| Directions: To be approved for leave under the Families First Coronavirus Response Act (FFCRA), employees must complete and submit this request form, with supporting documentation, to the Office of Human Resources. Supporting documentation must be provided to Human Resources within 15 days of the leave start date.  The request form and supporting documentation should be emailed to [HR@athens.edu](mailto:HR@athens.edu) from the employee’s official Athens.edu email addressed, faxed to 256-216-3324, or mailed to Athens State University, Office of Human Resources, 300 North Beaty Street, Athens, AL 35611.  Supporting documentation for leave may include the following:   * Copy of the Federal, State or local quarantine or isolation order related to COVID-19 * Documentation by a health care provider advising employee to self-quarantine due to COVID-19 * Documentation by a health care provider designating employee as a qualified caregiver due to COVID-19 * Name and age of children and a written notice of closure from employee’s child(ren)’s daycare provider or school due to COVID-19 (such as a copy of the notice that may have been posted on a daycare website, published in a newspaper, or emailed to the employee from an official of the school, place of care, or child care provider) | | |
| Employee Information | | |
| Name: | | ID#: |
| Department: | | Cell Phone Number: |
| Position Title: | | Supervisor Name: |
| Qualifying Reasons For Leave | | |
| Please choose all that apply. Supporting documentation must be provided for each type selected. Under the FFCRA, an employee qualifies for paid leave if the employee is unable to work due to a need for leave because the employee: | | |
| 1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;  2) has been advised by a health care provider to self-quarantine related to COVID-19;  3) is experiencing COVID-19 symptoms and is seeking a medical diagnosis;  4) is caring for an individual subject to an order described in (1) or self-quarantine  5) is caring for a child whose school or place of care is closed (or child care provider is unavailable) or  reasons related to COVID-19;  6) 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. | | |
| Dates | | |
| Anticipated Begin Date of Leave: | Expected Return to Work Date: | |
| Continuous | Intermittent \* | |
| Explain proposed schedule for intermittent leave:    \*Intermittent leave is only permitted for child care leave. Employer and employee must agree to intermittent leave. | | |
| Types of Leave to be Used | | |
| Please indicate the type of paid leave to be used (check all that apply):  Two weeks (up to 80 hours) of **Emergency Paid Sick Leave (EPSL)**   |  |  | | --- | --- | | Starting Date: | Ending Date: |   Employee is unable to work due to:   * Reasons 1, 2, or 3 – pay at employee’s regular rate of pay (maximum of $511 per day $5,110 total)   Two weeks (up to 80 hours) of **Emergency Paid Sick Leave (EPSL)**   |  |  | | --- | --- | | Starting Date: | Ending Date: |   Employee is unable to work due to:   * Reasons 4, 5, or 6 – pay at 2/3 employee’s regular rate of pay (maximum of $200 per day or $2,000 total)   Up to 10 weeks of **Paid** **Emergency FMLA (EFMLA)**   |  |  | | --- | --- | | Starting Date: | Ending Date: |   Employee is unable to work due to:   * Reason 5– pay at 2/3 employee’s regular rate of pay (maximum of $200 per day or $2, 000 total) * Employee may supplement the additional 1/3 day with Sick, Annual, or Personal if desired.   Up to 10 weeks of **Accrued Sick, Annual, Personal Leave** – please specify   |  |  | | --- | --- | | Starting Date: | Ending Date: |   Employee is unable to work due to:   * Reasons 4, 6– pay at employee’s regular rate of pay | | |
|  | | |
| Any additional information may be provided below. Supporting documentation may be attached as a separate document(s): | | |
| Employee Certification | | |
| I am unable to work for the reasons and dates noted above. Further, in the case of a leave request based on a school closing or child care provider unavailability (reason 5), I certify that no other person will be providing care for the child during the period of leave requested and, with respect to my inability to work because of a need to provide care for a child older than age 14 during daylight hours, special circumstances exist requiring me to provide care.  Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| For Human Resources Only | | |
| Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Documentation Received Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notified Supervisor Date/Verified unable to work from home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |