

Families First Coronavirus Response Act (FFCRA)

Employee Name _____

Leave Requesting (Check all that apply):

<input type="checkbox"/>	Paid Sick Leave (up to 2 weeks) Please attach the required documentation
--------------------------	---

<input type="checkbox"/>	Expanded Family and Medical Leave (up to an additional 10 weeks) available for reason #5 only
Name of School or Provider:	
Dates requesting leave:	
Name of Child(ren)	
Please provide a statement stating that no other suitable person is available for your child(ren)	

Attach documentation from the school regarding options (school website may list options) Please note parents that **opt** to keep their child(ren) home for remote learning in lieu of school options of hybrid or full time in-person learning are not eligible for FFCRA.

You must have worked for Human Technologies at least 30 days to be eligible.

Reasons for Leave (check one):

1	Is subject to 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 as described in (2)
5	Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for 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

Additional Information

Duration of Leave:

Reasons 1-4 and 6	May be eligible for up to 2 weeks of paid leave
Reason 5	May be eligible for up to 12 weeks of leave

Calculation of Pay:

Reasons 1, 2 or 3	Paid at their regular rate of pay, up to 2 weeks, up to a maximum of \$511/day and \$5,110 in the aggregate
Reason 4 & 6	Paid at 2/3rds of their regular pay, up to 2 weeks, up to maximum of \$200/day and \$2,000 in the aggregate
Reason 5	Paid at 2/3rds of their regular pay, up to 12 weeks (2 weeks of paid sick leave followed by up to 10 weeks of paid expanded family and medical leave)

Required Supporting Documentation:

Reasons 1-4 & 6	* Documentation from entity issuing order to quarantine
	* Dates requesting leave
Reason 5	* Name of School or Provider
	* Documentation from the school about options (school website may list options)
	* Dates requesting leave
	* Name of Child(ren)
	* A statement from employee stating that no other suitable person is available for care

Employee Signature: _____

Date: _____

VP of Human Resources Signature: _____

Date: _____

Approved:

Denied:

Reason for denial: _____

FFCRA is effective through 12/31/2020.