Families First Coronavirus Response Act  Claim Form
Effective April 1, 2020 - December 31, 2020

Employee Information
Name

Address City State Zip Code

(Area Code) Phone Number Job Title

Part 1 - Emergency Paid Sick Leave - Provides employees with two-weeks of paid sick leave.
Is this claim for one or more of the following situations?:
Mark all that apply

☐ (1) Subject to a government quarantine or isolation order related to COVID-19

☐ (2) Have been advised by health provider to self-quarantine due to COVID-19
   Where available, please provide documentation from a health care provider.

☐ (3) Experiencing symptoms of COVID-19 and seeking medical diagnosis
   Where available, please provide documentation from a health care provider.

☐ (4) Caring for an individual subject to quarantine order described in (1); or self-quarantine, described in (2)
   Where available, please provide documentation from a health care provider.

☐ (5) Caring for his or her child if schools are closed or his or her caregiver is unavailable because of a public health emergency
   You must provide documentation from the day care provider or school.

☐ (6) Experiencing substantially similar conditions as specified by the Secretary of Health and Human Services

If leave for (3) above, when symptoms first appeared.

Date 1st Day Absent (Mo.)/(Day)/(Year)
Date of Diagnosis if available (Mo.)/(Day)/(Year)
Anticipated Return Date (Mo.)/(Day)/(Year)

Part 2 - Paid FMLA - Provides employees with up to 10 weeks of emergency expanded leave
This paid emergency leave is available to any employee who has been employed for at least 30 days if you are unable to work, including unable to telework, because you are caring for your child whose school or place of care is closed or unavailable because of a public health emergency. If not already provided for a PSL request, please provide documentation from the school or day care provider.

When did school or childcare end?(Mo.)/(Day)/(Year) _____________ What is the anticipated return date?(Mo.)/(Day)/(Year) _______________

Name and age of child(ren):

After the first ten days of Paid Sick Leave, as outlined above, has expired, you will be paid at your normal rate of pay.

Signature Line
The information is true and complete to the best of my knowledge and belief.
Signature Date

For Office Use Only:

FFCRA - Paid Sick Leave

Timeperiod reviewed: Beginning date: Ending date:

FFCRA-Paid FMLA

Beginning date: Ending date:

HR Approval: Date: