



FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA, 9/1/20 to 12/31/20)

Employee Name: _____

Employee ID #: _____

Position: _____

Work Location: _____

Union Group: _____

Supervisor: _____

Phone # _____

Email Address: _____

Length of Leave Requested

New Request

This is an update/a change to an existing request

*Requested
Leave Dates:*

Start Date:

End Date:

Date Return to Work

Total days requested:

Emergency Paid Sick Leave will be automatically used first unless you specify otherwise .

Select the order of how you would like Accrued Sick and Emergency Sick Leave paid.

Emergency sick per FFCRA

Accrued sick leave

Type of Leave Requested

Continuous

Intermittent

Employee's own Medical Leave (Please check 1 box)

Subject to Quarantine by Federal/State/Local Quarantine order. FFCRA #1

- Attach a copy of the Quarantine Notice or recommendation to self-quarantine.

Advised to Self – Quarantine by a healthcare provider FFCRA #2

- Attach a copy of the Quarantine Notice or recommendation to self-quarantine.

Have been diagnosed with COVID-19 or are seeking diagnosis. FFCRA #3

- Attach a copy of Doctor's visit summary/appointment notice if possible.

I am experiencing another substantially similar condition specified by the U.S. Department of Health and Human Services. FFCRA #6

- Attach documentation that shows a diagnosis or treatment for the condition, including past visit summaries from on-line medical charts.

Family Medical leave

Family Medical to care for _____ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you.) FFCRA #4

- Attach a copy of Quarantine Notice or recommendation to self-quarantine.

Childcare

Childcare Leave to care for employee's own child (under the age of 18) whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. FFCRA #5

- Attach a copy of the child care closing notice and a statement that no other suitable person is available to care for the child.

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated above under the FFCRA, I understand that this request is subject to Superintendent approval. Any change in this leave must be communicated in writing to the Superintendent.

I certify that no other suitable person is available to care for the child.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Please email this form to the Board of Education Office. Email: ggalvin@sbpsnj.org