# Documentation Needed for EPSL or EFMLA

To ensure compliance with Federal regulations in regard to the FFCRA, we are providing you with this document that will walk you through how to properly submit for leave under the FFCRA.

When requesting **emergency paid sick leave (EPSL)** or **expanded family and medical leave (EFMLA)**, you must provide your employer either orally or in writing the following information:

* Your name;
* The date(s) for which you request leave;
* The reason for leave; and
* A statement that you are unable to work due to the above reason.

If you request leave because you are subject to a **quarantine or isolation order** or to care for an individual subject to such an order:

* Provide the name of the government entity that issued the order.

If you request leave to **self-quarantine based on the advice of a health care provider** or to care for an individual who is self-quarantining based on such advice:

* Provide the name of the health care provider who gave advice.

If you request leave to **care for your child whose school or place of care is closed**, or childcare provider is unavailable, you may must also provide:

* The name of your child;
* The name of the school, place of care, or childcare provider that has closed or become unavailable; and
* A statement that no other suitable person is available to care for your child.

# FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

**Leave Submission Form**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select which accommodation you are qualifying for. For the emergency sick leave portion, please also select which specific event you are qualifying for:

* I am seeking an accommodation under the Emergency Sick Leave portion of the FFCRA based on the following qualifying event:
	+ The employee is subject to a federal, state, or local quarantine or isolation order related to COVID–19.
		- Governing body who issued quarantine order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
		- Health care provider who advised you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.
	+ The employee is caring for an individual who is subject to either number 1 or 2 above.
	+ The employee is caring for their child due to COVID closures.
	+ The employee is experiencing any other substantially similar condition specified by the secretary of health and human services.

**I am requesting to use \_\_\_\_ hours of my Emergency Sick Leave at this time.**

* I am seeking an accommodation under the Expanded FMLA portion of the FFCRA because my child’s school or childcare service is closed due to a COVID-19 emergency declared by a federal, state or local authority. (Please fill out Page 3 that contains more information regarding EMFLA)

**I am requesting to begin my Expanded FMLA leave on \_\_\_\_\_\_\_\_\_ (mm/dd/yy) and understand that, per the FFCRA, the first ten days of this leave will be unpaid unless I elect to use the Emergency Sick Leave in conjunction with this leave.**

Please note that in accordance with the Department of Labor (DOL) and the Internal Revenue Service’s (IRS) guidelines, management may request for you to produce documentation proving that you qualify for Emergency Sick Leave or Expanded FMLA prior to approving your leave request.

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EXPANDED FMLA Leave Submission Form

If you have elected to utilize the EFMLA portion of the Families First Coronavirus Response Act, we request that you fill out the following document. This document will only be used for reporting purposes to the Department of Labor.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school, childcare provider, or place of care

that has closed or become unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am requesting to utilize the EMFLA portion of the Families First Coronavirus Response Act because the main institution that I rely on for childcare is unavailable.

Upon signature of this document, I am signifying that I understand my rights as they pertain to the FFCRA and that there is no other suitable form of childcare available for my child”

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_