

Families First Leave Request

Team Member completes

Team Member:

Job title:

Location:

Tenure:

Today's date:

Supervisor:

Anticipated leave start:

Anticipated duration of leave:

Anticipated return date:

In light of recent events, it is our hope to minimize the risk of spreading the Covid-19 virus and assist families throughout this unprecedented time. Additionally, we will honor the newly released Families First Coronavirus Response Act. Follows details and information we request to navigate through these times.

Return this form to HUMAN RESOURCES

Request is for:

#1 **Emergency Paid Sick Leave**

Due to:

- Employee is subject to a federal, state or local quarantine or isolation order related to Covid-19.*
- Employee has been advised by a health care provider to self-quarantine due to concerns related to Covid-19.*
- Employee is experiencing symptoms of Covid-19 and seeking a medical diagnosis.*

OR

- Employee is caring for an individual who is subject to a quarantine order or advised to self-quarantine.*
- Employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable due to Covid-19 precautions.*
- Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.*

#2 **Extended Paid Family Leave**

Employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the childcare provider of such son or daughter is unavailable due to an emergency with respect to Covid-19 declared by a Federal, State or Local authority.

Team member statement qualifying the reason for the leave and information about your inability to work at this time:

Childcare Leave

Complete the following as it relates to your request:

Name of child being cared for:

Name of school or childcare provider that is closed:

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Quarantine Leave

Name of the government entity that issued the order:

Medical

Name of health care provide who advised self-quarantine:

Type of practice and contact info:

Advice or belief of Healthcare provider:

- Has or may have Covid-19
 Is particularly vulnerable to Covid-19

Approximate date condition commenced:

IF this is due to quarantine, self-quarantine or symptoms, please provide the following information as best you can.
Symptoms, diagnosis, instructions, details:

IF this is due to childcare, I confirm that no other suitable person will be caring for the child during the period for which I am requesting Leave

Additional notes of consideration:

I confirm that the above is accurate and true.

Team Member signature

Date

By clicking this checkbox, this certifies my electronic signature

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Company response:

Signature:

Date replied:

Emergency Paid Sick Leave:

Date of pay, hours of pay and amount of paid leave:

Extended Paid Family Leave: (childcare leave allowable credit is 2/3 of the regular rate)

Date of pay, hours of pay and amount of paid leave:

Tax Credits:

IF Small Business Exception applies:

Childcare Leave requested would result in the business's expenses and financial obligations exceeding available business revenues and cause the business to cease operating at a minimal capacity

The absence of the employee requesting leave would entail a substantial risk to the financial health or operational capabilities of the business because of their specialized skills, knowledge of the business or responsibilities.

There are not sufficient workers who are able, willing and qualified and who will be available at the time and place need, to perform the labor or services provided by the team member requesting leave and such labor or services are needed for the business to operate at a minimal capacity.