

REQUEST AND CERTIFICATION OF NEED FOR FFCRA LEAVE

Name _____ Position/Title _____

Date(s) of Leave Requested ___/___/2021 through ___/___/2021

Current Phone Number _____

Qualifying Reason for Leave (check one and complete the fields)

- I am experiencing COVID-19 symptoms and am waiting for my test date, test result, or medical diagnosis from the following health care provider: _____.
- I was exposed to COVID-19 on ___/___/2021 and I am waiting for my test date, test result, or other diagnosis.
- My employer requested I get a COVID-19 test on ___/___/2021 and I am waiting for my test date, test result, or other diagnosis.
- I need leave to get the COVID-19 vaccine on ___/___/2021.
- I received the COVID-19 vaccine on ___/___/2021 and I am recovering from an injury, disability, illness, or condition relating to the vaccine.
- I am caring for an individual because of concerns related to COVID-19.
- I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons, and I certify that:

The name of child's school, place of care, or caregiver is: _____

The name and age of the child or children I am caring for is/are:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child(ren) during my requested leave because:

I need leave to care for my child(ren) aged 15-17 because of the following special circumstances:

- I am subject to a government quarantine or isolation order related to COVID-19. The name of the government entity is: _____.
- I have been advised by a health care provider to self-quarantine related to COVID-19. The name of the health care provider is: _____.
- Another circumstance specified by the U.S. Department of Health and Human Services.

I certify that I am unable to work or telework due to the qualifying reason listed above, and that the above information is accurate and complete. I understand falsification of any information may lead to disciplinary action, up to and including termination of employment.

Employee Signature: _____ Date: _____