



FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

FFCRA PAID SICK/EXPANDED FAMILY & MEDICAL LEAVE REQUEST FORM

VALID FROM APRIL 1, 2020 THROUGH DECEMBER 31, 2020

Today's Date: _____ Date of Hire: _____

Employee Name: _____

Client Name: _____ On-site Representative Name: _____

Employee Job Title: _____

Start of Requested Leave: _____ Approximate Return Date: _____

I hereby request paid leave in accordance with the FFCRA (see reverse side of this form) as indicated by the checked box(es) below. I understand that, if eligible and approved, I will receive a percentage of pay (up to the maximum allowable by law) based on the circumstances as indicated below:

PAID SICK LEAVE

Under the FFCRA, a full-time employee qualifies for Paid Sick Leave of up to two weeks (80 hours) (pro-rated for part-time employees) if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

- A bona fide need for leave to care for a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19.

PAID EXPANDED FAMILY & MEDICAL LEAVE

Under the FFCRA, an employee qualifies for up to an additional 10 weeks (400 hours) (pro-rated for part-time employees) of Paid Expanded Family & Medical Leave if the employee is unable to work (or unable to telework) due to a:

- A bona fide need for leave to care for a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19.

DOCUMENTATION - Employee must complete/attach appropriate documentation for all three of the below:

- Name of the child being cared for _____ Age: _____
A notice of closure or unavailability from the employee's child's school, place of care, or childcare provider (including name of the school or provider _____), including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed from an employee or official of the school, place of care, or childcare provider, AND
A statement that no other suitable person is available to care for the child during the period of requested leave (may enter this in the Employee Comments section below) .

NOTE: If supplementing payment with PTO, complete appropriate PTO Request Form.

Employee Comments: _____

I hereby certify that to the best of my knowledge this leave request complies with the provisions of the Families First Coronavirus Response Act, and I understand that misrepresenting the need for a leave covered under this legislation may result in disciplinary action up to and including termination of employment.

Employee Signature: _____ Date: _____

Eligible for Paid Expanded Family & Medical Leave (30 days of employment)? Yes No

Leave Approved Denied

Alliance Staffing Comments: _____

Alliance Staffing Signature: _____ Date: _____