

ALLIANCE STAFFING
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
FFCRA PAID SICK LEAVE REQUEST FORM
VALID FROM APRIL 1, 2020 THROUGH MARCH 31, 2021

Today's Date: _____ Date of Hire: _____

Employee Name: _____

Client Name: _____ Supervisor Name: _____

Employee Job Title: _____

Start of Requested Leave: _____ Expected Return Date: _____ Number of Days: _____

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:

Check those that apply:

- Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- Has been advised by a health care provider to self-quarantine related to COVID-19;
- Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); OR
- Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

DOCUMENTATION - Employee must attach appropriate documentation.

- A copy of the federal, state or local quarantine or isolation order related to COVID-19, OR
- Written documentation by a health care provider (including the healthcare provider's name) advising the employee to self-quarantine due to concerns related to COVID-19

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: _____

Leave Approved Denied

Supervisor Comments: _____

Supervisor Signature: _____ Date: _____

Human Resources/On-site Manager Signature: _____ Date: _____