

**ALLIANCE STAFFING**

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

**FFCRA PAID SICK/EXPANDED FAMILY & MEDICAL 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:

- 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.

**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.

**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 Expanded Family & Medical Leave (30 days of employment)?  Yes  No

Leave  Approved  Denied

Supervisor Comments: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources/On-site Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_