



### EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE AND/OR EXPANDED FAMILY AND MEDICAL LEAVE

The Families First Coronavirus Response Act (FFCRA) provides Emergency Paid Sick Leave and Expanded Family and Medical Leave for employees who are unable to **work or telework** due to **COVID-19-related reasons** during a declared public health emergency.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
(Supervisor Name)

FROM: \_\_\_\_\_ EMPL ID: \_\_\_\_\_  
(Employee Name)

EMPLOYEE CONTACT: \_\_\_\_\_  
(Phone) (Email Address)

I believe I meet the eligibility requirements for Emergency Paid Sick Leave and/or Expanded Family and Medical Leave, and I am therefore requesting leave for the following reason (check all that apply):

#### **Emergency Paid Sick Leave**

- I am in quarantine or isolation on the order of \_\_\_\_\_ [government entity issuing quarantine or isolation order].
- I have been advised by my healthcare provider, \_\_\_\_\_ [name] to self-quarantine or isolate myself due to concerns related to COVID-19.
- I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis.
- I am caring for a family member, a person who resides in my home, or an individual who otherwise depends on me for care and who is:
  - in quarantine or isolation on the order of \_\_\_\_\_ [government entity issuing quarantine or isolation order]; or
  - has been advised by their healthcare provider, \_\_\_\_\_ [name] to self-quarantine or isolate due to concerns related to COVID-19.
- I am caring for my child/children whose school or childcare facility is closed and/or whose childcare provider is unavailable.

Name(s) of child/children:

Name(s) of school(s), place(s) of care, and/or childcare provider(s):

\_\_\_\_\_ I certify that no other suitable person will be caring for the above identified child/children (Initials) during the period of time for which I am requesting leave.

#### **Expanded Family and Medical Leave**

I request Expanded Family and Medical Leave to care for a child/children whose school or childcare facility is closed and/or whose childcare provider is unavailable.

Name(s) of child/children:

Name(s) of school(s), place(s) of care, and/or childcare provider(s):

\_\_\_\_\_ I certify that no other suitable person will be caring for the above identified child/children (Initials) during the period of time for which I am requesting leave.

*Submit any documentation you have to support your request, such as an email, letter, testing receipt.*

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I am requesting leave beginning on: \_\_\_\_\_ through expected date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

I am requesting  continuous  intermittent  reduced work schedule leave.

If you are requesting intermittent or reduced work schedule leave, explain your proposed work schedule here:

I certify that I am \_\_\_\_\_ completely or \_\_\_\_\_ partially **unable to work or telework** for the reason marked above. (Initials) (Initials)

\_\_\_\_\_ I understand that a false claim for leave may result in disciplinary action, up to possible termination. (Initials)

I understand that approved Expanded Family and Medical Leave will be recorded on my official time records and will count toward my Family Medical Leave entitlement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **SUPERVISOR ACKNOWLEDGMENT**

I concur with (check one)  continuous  intermittent  reduced work schedule leave.

We have discussed remote work options and determined that some amount of telework  is  is not an option.

**Comments**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Directions:** Email the completed form to [hrosolutions@email.arizona.edu](mailto:hrosolutions@email.arizona.edu) with a copy to the employee, with the subject line *Families First Leave Request*.

**HUMAN RESOURCES CONFIRMATION**

Eligible for \_\_\_\_\_ hours of Emergency Paid Sick Leave beginning on \_\_\_\_\_  
(Date)

Eligible for \_\_\_\_\_ hours of Expanded Family and Medical Leave on \_\_\_\_\_  
(Date)  
\_\_\_\_ Employee is not eligible. Provide explanation why:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_