

Request for COVID-19 Paid Family Leave (PFL)

Employee's legal name _____

Employee's mailing address _____

Employee's preferred email address _____

Date first missing work _____

Employee's original hire date _____

Select Reason(s) for PFL:

* See below for documentation required

Self-Care Leave

- 1. Subject to a Federal, State, or Local Quarantine or isolation order related to COVID-19
- 2. Advised by a health care provider to self-quarantine due to concerns related to COVID-19 (e.g., exposed to someone diagnosed with COVID-19)
- 3. Experiencing symptoms related to COVID-19 and seeking a medical diagnosis

Family-Care Leave

- 4. Caring for an individual subject quarantine (#1 above) or who has been advised to self-quarantine (#2 above)
- 5. Caring for son or daughter under age 18 if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable due to COVID-19 precautions
- 6. Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services

Full legal name of family member: _____

Relationship: _____ Date of Birth: _____

I am hereby making a request for paid family leave benefits under the Families First Coronavirus Response Act. My signature affirms that the information I am providing is accurate to the best of my knowledge and belief.

Employee's Signature

Date Signed

* **Required Medical Documentation**

For cases where individuals are undergoing a period of quarantine or have sought a medical diagnosis, documentation from a local, state or federal governmental agency, a medical professional, office, or hospital will satisfy the requirement to provide documentation. (Noting the name of a health care provider, facility called, and date will suffice if individual was advised via telehealth.)

For cases where individuals are caring for an immediate family member diagnosed with COVID-19, the employee must submit documentation verifying the family member's COVID-19 related illness, exposure, and/or quarantine period.

* **School Closures**

Employees who are not under suspicion of having been exposed to the virus or diagnosed with the virus but must stay home with a child of which they are the parent or legal guardian due to the closure of a preschool program, elementary or secondary school, or childcare center related to COVID-19, will be required to provide documentation verifying the closing.

Office Use Only: Rate of Pay _____ Last Date Affected _____ Total Days _____