



Leave Request Form

Date of request: \_\_\_\_\_ Employee name: \_\_\_\_\_

Department: \_\_\_\_\_ Job title: \_\_\_\_\_

Family First Paid Family Leave (FF-FMLA) – Up to 10 weeks of paid family leave; wages at two-thirds of regular rate.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Total hours: \_\_\_\_\_

Family First Paid Sick Leave Employee (FF-PSL-EE) - Up to 80 hours for full time employees; average hours for part time employees.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Total hours: \_\_\_\_\_

Family First Paid Sick Leave Employee (FF-PSL-FAM) - Up to 80 hours for full time employees; average hours for part time employees.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Total hours: \_\_\_\_\_

Covered employees eligible for paid sick leave include: 1) Employee subject to a Federal, State, or local quarantine or isolation order related to coronavirus; 2) Employee has been advised by health care provider to self-quarantine due to coronavirus; 3) Employee is experiencing symptoms of coronavirus; 4) Employee is caring for an individual who is subject to an order described in (1) or has been advised as described in (2); 5) Employee is caring for their child because the school is closed or childcare provider is unavailable due to coronavirus; or 6) Employee is experiencing a similar condition specified by Secretary of HHS.

- Employees will receive their full wages, not to exceed \$511 per day and \$5,110 in the aggregate, for a use described in (1), (2), or (3) above.
• Employees will receive two-thirds of their wages, not to exceed \$200 per day and \$2,000 in the aggregate, for a use described in (4), (5), or (6) above.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources representative signature \_\_\_\_\_ Date \_\_\_\_\_