

Request for Emergency Paid Sick Leave under FFCRA

I am requesting Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA):

A. **Dates.** I request leave for the following dates: _____;

B. **Certification.** I certify that I am unable to either work or telework from home based on the following Qualifying Reason(s) below: [*Initial the Qualifying Reasons that apply.*]

_____ (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

Name of governmental entity that issued quarantine or isolation order:

_____ (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of the health care provider who advised you to self-quarantine:

_____ (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Name of doctor from whom you are seeking medical diagnosis:

_____ (4) The employee is caring for: an individual who is subject to an order as described in subparagraph (1); or an individual in self-quarantine as described in paragraph (2).

Name of governmental entity that issued quarantine or isolation order to the individual OR health care provider who advised the individual to self-quarantine:

_____ (5) The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.

Name of son/daughter: _____

Name of school/place of care/child care provider: _____

Is there another suitable person available able to care for my son/daughter on the days for which I am requesting leave?: _____

_____ (6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

By signing below, I certify that the information provided herein is true. Specifically, I confirm that I am unable to work or telework for the reason(s) indicated above on the dates for which I am requesting Emergency Paid Sick Leave.

Signature: _____

Date: _____, 2020

Name: _____

Note: If you are eligible for Expanded FMLA under the FFCRA, you must provide additional documentation required by the FMLA.

Return completed form to: Greene County Human Resources, 411 Main Streets, Catskill NY 12414