

# Sample Employee Request Form Instructions Families First Coronavirus Response Act (FFCRA)

Please review the comments (in red) on this sample form to understand the recent changes.

## Instructions for Section 2:

**Definition of “child”:** Child is the employee’s own child, which includes a biological, adopted, or foster child, stepchild, a legal ward, or a child for whom the employee is standing in loco parentis—someone with day-to-day responsibilities to care for or financially support a child. For purposes of the FFCRA, “child” also includes an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

**Definition of “individual”:** Individual being cared for by an employee must be someone with whom the employee has a personal relationship. The individual must be an immediate family member, roommate, or a similar person where an expectation has been created that the employee would care for the person if s/he was self-quarantined or quarantined.

**Documents that may be requested (but is not required) for school/place of care closure:** For leave requested due to a school/place of care closure because of COVID-19, employers may ask from the employee requesting leave for a copy of a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

## Instructions for Section 3:

### Employee working at worksite:

**Request for intermittent leave for COVID-19 sick leave:** If the employer agrees, intermittent leave is ONLY allowed to care for a child under 18 years old due to a school or childcare closure because of COVID-19. This limit is so that if an employee is sick or possibly sick with COVID-19, or caring for an individual who is sick or possibly sick with COVID-19, the intent of this paid-sick leave is to provide such leave as necessary to keep the employee from spreading the virus to others.

**Request for intermittent leave for COVID-19 FMLA:** Employees may take intermittent leave only if the employee and employer agree upon such a schedule. For example, with the employer’s permission, an employee may take childcare leave on Mondays, Wednesdays and Fridays and work on Tuesdays and Thursdays.

### Employee teleworking (working from home):

**Request for intermittent leave for COVID-19 sick leave and COVID-19 FMLA:** If the employer agrees and the employee is unable to telework the employee’s normal schedule of hours due to one of the qualifying reasons for paid sick and/or childcare leave, intermittent teleworking is allowed. If the employer agrees, intermittent leave for these cases may be taken in any increment. For example, if the employer and employee agrees on a 90-minute increment, the employee could telework from 1:00 PM to 2:30 PM, take leave from 2:30 PM to 4:00 PM, and then return to teleworking.

## Employee Request Form: Families First Coronavirus Response Act (FFCRA) Sick Leave / FMLA

As you may be aware, the required federal leave sick and family leave benefits under the FFCRA expired on December 31, 2020. However, subsequent laws enacted in December 2020 and March 2021 permits employers to *voluntarily provide those paid leave benefits*<sup>1</sup> beginning April 1, 2021 through to September 30, 2021.<sup>2</sup> We have chosen to *voluntarily extend FFCRA leave benefits* beginning April 1, 2021<sup>3</sup> through to September 30, 2021. These paid leave provisions are not retroactive prior to April 1, 2020.

To request leave on the basis of the FFCRA, please complete the following request form and submit to your supervisor/HR manager as soon as practical. Please note that incomplete information within a section could result in a denial of the requested leave.

<b>Company Name</b>	
<b>Today's Date</b>	
<b>Employee Name</b>	

1 - The COVID-related Tax Relief Act of 2020 extended FFCRA tax credits to employers who voluntarily chose to provide FFCRA paid leave benefits.

2 - The COVID-related Tax Relief Act of 2020 extended FFCRA tax credits to March 31, 2021. The American Rescue Plan Act of 2021 (ARP) extended the credits to September 30, 2021.

3 - This form should be provided to only those employers that voluntarily choose to provide FFCRA paid leave benefits. Further, although voluntary, under the ARP if an employer opts in to provide FFCRA leave and discriminates with respect to leave: (1) in favor of highly-compensated employees; (2) in favor of full-time employees; or (3) on the basis of employment tenure, the employer will not be able to obtain tax credits. Essentially, the employer must decide to go "all in" and offer FFCRA leave to any of its employees that meet a qualifying reason.

**1. Type of leave requested:**

COVID-19 Sick<sup>4</sup>                       COVID-19 FMLA

Requested Leave Start Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

4 - The ARP resets the 10-day/80-hour limit for COVID-19 Sick Leave starting 4/1. This means if an employee previously exhausted their COVID-19 Sick Leave, they have an additional 10-days/80 hours to use beginning 4/1.

**2. The reason for this leave request is (select the appropriate box - mark only one option)<sup>5</sup>:**

**I am unable to work or telework because:**

- I have been ordered to self quarantine by:
  - Name of governmental entity: \_\_\_\_\_; or
  - Name of health care provider: \_\_\_\_\_

I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

5 - The ARP expanded the qualifying reasons to use COVID-19 FMLA Leave. Previously, employees could only use COVID-19 FMLA Leave if they needed time off to care for a child whose school or daycare or childcare provider was closed because of COVID-19. Beginning 4/1, COVID-19 FMLA Leave can be used for any of the qualifying reasons.

- I am caring for an individual who has been ordered to self quarantine due to an order by a governmental entity or health care provider:
  - Name of Individual: \_\_\_\_\_ and
  - Relationship to the Individual: \_\_\_\_\_
  
- I am caring for my child(ren) under 18 years old due to a school or child care closure (or child care provider is unavailable) because of COVID-19:
  - Name and Age of child(ren): \_\_\_\_\_ and
  - Name of school/place of care: \_\_\_\_\_ and
  - By checking this box, I represent that no other suitable person is available to care for the above-named child(ren) during the period for which I am requesting leave and if my child is older than 14 years old, special circumstances exist requiring me to provide care for my child during daylight hours.
  
- I am experiencing "substantially similar conditions" specified by the Secretary of Health and Human Services".

I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 and have been exposed to COVID-19, or my employer has requested such test or diagnosis.<sup>6</sup>

6 - The ARP added these three additional qualifying reasons for voluntary Paid Sick Leave.

I am obtaining immunization (vaccine) related to COVID-19.<sup>6</sup>

I am recovering from any injury, disability, illness or condition related to COVID-19 immunization (vaccine).<sup>6</sup>

**3. Time off work is requested to be (select the most appropriate box):**

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off throughout the day or week; NOTE: for employees physically working at the worksite, a request for intermittent leave for COVID-19 sick leave will only be considered if it is to care for a child under 18 years old due to a school or child care closure because of COVID-19).

**Additional clarification or written documentation as specified in applicable IRS forms and instructions may be required to support the requested leave.<sup>7</sup>**

7 - The IRS has yet to issue guidance on what types of documentation (note from doctor or health care provider for example) that may be required to support the three additional qualifying reasons for voluntary paid sick leave. We will update this form if such guidance is issued and it becomes necessary.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For HR use ONLY:** Date received: \_\_\_\_\_