

# FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE REQUEST

Employee Name \_\_\_\_\_ Work Location \_\_\_\_\_

First Day of Leave \_\_\_\_\_ Number of work days requested \_\_\_\_\_

Use Accrued Leave (circle one) **YES** **NO** Type of Leave (circle one) **SICK** **PERSONAL**

Number of Days Requested \_\_\_\_\_ Use Maximum Available (circle one) **YES** **NO**

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## Reasons for Leave (check one):

\_\_\_\_\_ 1 – Employee is subject to federal, state, or local COVID-19 quarantine/isolation order (not currently available in Alabama)

\_\_\_\_\_ 2 – Employee has been advised to self-quarantine by medical doctor due to COVID-19. \*Certification from medical doctor with reason for self-quarantine must be attached (Ex: positive test, exposure, employee is high risk)

\_\_\_\_\_ 3 – Employee is experiencing symptoms of COVID-19 and is seeking medical diagnosis. \*Certification from medical doctor must follow within 10 days

\_\_\_\_\_ 4 – Employee is caring for a person subject to federal, state, local, or medical doctor's COVID-19 quarantine/isolation order \*Certification from family member's medical doctor must be attached

\_\_\_\_\_ 5 – Employee is caring for a son or daughter under whose school has been closed due to COVID-19 or whose childcare is unavailable due to COVID-19 related reasons

\_\_\_\_\_ 6 – Employee is experiencing a substantially similar condition as designated by Department of Health and Human Services

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I certify that the above information is correct and my request is based on the reason indicated.

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

\_\_\_\_\_  
Date Signed

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## Office Use Only:

Action Date \_\_\_\_\_ Action taken by \_\_\_\_\_

Type of Leave \_\_\_\_\_ Emergency Paid Sick Leave Action: \_\_\_\_\_ Leave Approved  
(check all that apply) \_\_\_\_\_ FMLA \_\_\_\_\_ Leave Denied

Notes: \_\_\_\_\_

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