

EMERGENCY PAID LEAVE REQUEST FORM

Pursuant to the Families First Coronavirus Response Act (FFCRA), emergency paid sick leave (FFCRA Leave) is available to employees until December 31, 2020. FFCRA leave is available to all employees, regardless of length of employment with Henrico County Public Schools (HCPS), when an employee is unable to work, or telework, due to certain criteria related to COVID-19. Full-time employees are entitled to 80 hours of FFCRA leave and part-time employees are entitled to a calculated number of hours equal to the number of hours that such employee works, on average, over a 2-week period.

The FFCRA also temporarily expanded the Family and Medical Leave Act (FMLA) to allow eligible employees unable to work (or telework) to take partially paid leave due to a need for leave to care for the employee's child when the child's school or place of care has been closed due to a public health emergency. An employee who has been employed by the County for at least 30 calendar days may be eligible to take up to 12 weeks (480 hours) of paid FMLA job protected leave due to child care reasons related to COVID-19 until December 31, 2020.

Employee Information		
Name	Employee ID#	Hire Date
Job Title	Work Location	
Email Address (to be used for communication during leave)	Primary Phone Number	

Leave Information	
Absence Start Date:	Anticipated Return Date:

Reasons for Leave

{1} Employee Paid Sick Leave (FFCRA Leave)

Employee's Own Health Condition

- 1. Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
Name of governmental entity ordering quarantine or isolation: _____

- 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19.

Name of health care professional advising self-quarantine: _____

Address of health care professional: _____

- 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.

Care for Another

- Name of individual requiring care: _____
- Relation to employee: _____
- 1. Employee is caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
Name of governmental entity ordering quarantine or isolation: _____

 - 2. Employee is caring for an individual advised by their health care provider to self-quarantine related to COVID-19.

Name of health care professional advising self-quarantine: _____

Address of health care professional: _____

{2} Expanded Family Medical Leave (EFMLA)

Employee is unable to work, or telework, in order to care for a child/children whose school or place of care is closed for reasons related to COVID-19. Choosing this option serves as affirmation that no other suitable person is available to care for employee's child/children.

Name and Age of Child: _____ Name of Closed School/Place of Care: _____

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I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave, if requested by my employer. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the FFCRA.

Employee Signature	Date