

EMERGENCY PAID SICK LEAVE REQUEST FORM

Emergency paid sick leave (FFCRA Leave) is available to 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. Requests for emergency paid sick leave are reviewed on a case by case basis. 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.

This request form must be submitted with proper medical documentation if employee, or individual for whom employee is providing care, has been advised by a health care provider to quarantine.

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		
<p>Employee's Own Health Condition</p> <p><input type="checkbox"/> 1. Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19. Name of entity ordering quarantine or isolation: _____</p> <p><input type="checkbox"/> 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19.</p> <p><input type="checkbox"/> 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.</p> <p>Care for Another</p> <p>Name of individual requiring care: _____</p> <p>Relation to employee: _____</p> <p><input type="checkbox"/> 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 entity ordering quarantine or isolation: _____</p> <p><input type="checkbox"/> 2. Employee is caring for an individual advised by their health care provider to self-quarantine related to COVID-19.</p>		

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