IntegrityHR Management, LLC

COVID-19 SICK LEAVE AND EFMLA REQUEST

Employee name: _____ Current Status: ☐ FT or ☐ PT

The Families First Coronavirus Response Act (FFCRA) has provided 2 weeks of paid sick leave and up to 10 additional weeks of paid enhanced FMLA for those with qualifying situations. Please indicate below which type of leave you qualify for and attach the appropriate documentation.

COVID-19 SICK LEAVE

_____ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. **

_____ I have been advised by a health care provider to self-quarantine related to COVID-19. **

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

_____ I am caring for an individual subject to an order from a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19. **

_____ I am caring for my son or daughter whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. **

_____ I am experiencing any other substantially similar condition specified by the US Dept of Health and Human Services. **

EFMLA LEAVE

_____ I am caring for my son or daughter whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. **

**** Documentation is required within three (3) days of beginning of leave or the payment under H.R. 6201 (FFCRA Act) might be delayed.**

I certify that the information above is accurate. I understand that I must provide sufficient documentation in order to qualify for the paid sick leave time and/or the enhanced FMLA benefits under H.R. 6201. I also certify that I am unable to work or telework due to this qualifying reason.

_____ _____

Employee signature Date

_____ _____

Client Representative signature Date