

Employee Name:	Department:	<b>Pinal County Request for FFCRA Leave</b>
Supervisor Name:	Date:	
Revised: 4/20/2020		

**H.R. 6201 "Families First Coronavirus Response Act"**  
**Effective April 1, 2020 to December 31, 2020**

The Families First Coronavirus Response Act (FFCRA) provides employees with emergency paid sick leave and expanded family medical leave for specified reasons related to COVID-19. Under the FFCRA, an employee qualifies for emergency paid sick leave or expanded family and medical leave if the employee is unable to work or telework due to one of the qualifying reasons listed on this form.

Note: As specified by the Act, emergency responders and health care providers are not covered by the provision of the ACT, but may be considered on a case-by-case basis.

<i>Dates</i>		<i>Hours</i>
<i>From:</i>	<i>Through:</i>	<i>Total:</i>

*Please select the qualifying reason number that applies to your leave request from the drop down selections to the right.  
(see lists below)*

Emergency Paid Sick Leave  
Expanded Family Medical Leave

- Qualifying Reason For EMERGENCY PAID SICK LEAVE:**
1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (100% Pay)
  2. has been advised by a health care provider to self-quarantine related to COVID-19 (100% Pay)
  3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis (100% Pay)
  4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2) (2/3 Pay)
  5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 (2/3 Pay)
  6. is experiencing any other substantially similar condition specified by the Secretary of Health & Human Services, in consultation with the Secretaries of Labor and Treasury (2/3 Pay)

- Qualifying Reason for EXPANDED FAMILY MEDICAL LEAVE:**
5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 (2/3 Pay)
- \*\*Employees who are on leave for reasons #4, 5 or 6 must use their available accruals to supplement their full salary while on leave.\*\*

Detail Supporting Qualifying Reason for Leave (see page 2 for Instructions):

***I hereby request that leave be granted in the amount indicated above. By my signature, I certify that such leave was taken in accordance with eligibility requirements established by the Families First Coronavirus Act and in accordance with Pinal County Policy 7.50. I am aware that time not paid under the Act will be supplemented by my available accruals.***

<b>Employee Signature:</b>	<b>Supervisor Signature:</b>  <b>Department Director/Elected Official/ County Manager Signature :</b>
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### **Instructions for Completing “Detail” Section of FFCRA Leave Form**

Please provide a statement that you are unable to work or telework for a qualifying reason for the dates you specified on your FFCRA Leave Request Form. You must include details from the applicable list below in your statement depending on which qualifying reason you are taking leave under.

#### **Reason 1**

1. Name of governmental entity ordering quarantine or isolation

#### **Reason 2**

1. Name of the health care professional advising self-quarantine

#### **Reason 3**

1. Name of health care professional employee is seeking diagnosis from

#### **Reason 4**

1. Name of governmental entity ordering quarantine or isolation or the name of the health care professional advising self-quarantine
2. Name and relation of person subject to self-quarantine or isolation

#### **Reason 5**

1. Age and name of child (or children) to be cared for
2. Name of school that has been closed or place of care that is unavailable
3. A representation (personal statement) that no other person will be providing care for the child/children during the period for which the employee is receiving family medical leave
4. With respect to the employee’s ability to work or telework because of the need to provide care for a child older than fourteen (14) years of age during daylight hours, a statement that special circumstances exist requiring employee to provide care