



New Richland-Hartland-Ellendale-Geneva Public Schools

FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA)

Name		Employee #		Phone	
Position		Location		Supervisor	
Absence Information <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update or change to an existing request					
Requested Dates	Start:		Anticipated Return:		
Type of leave: <input type="checkbox"/> Medical <input type="checkbox"/> Childcare					
MEDICAL	EMPLOYEE'S Leave (Please check 1 box) <input type="checkbox"/> Subject to Quarantine by Federal/State/Local Quarantine order <input type="checkbox"/> Advised to Self-Quarantine Name of Government Entity ordering Quarantine or Name of Healthcare professional advising Self-Quarantine: _____ Documents Requested: Copy of Quarantine Notice or recommendation of self-quarantine				
	<input type="checkbox"/> Have an underlying condition that puts you at high-risk per the CDC, except age (unless you have a different underlying condition in addition to age) Documents Requested: Anything that would show that diagnosis, including past visit summaries from on-line medical charts				
	<input type="checkbox"/> Have been diagnosed with COVID-19 or are seeking diagnosis Documents Requested: If possible, doctor's visit summary/appointment notice				
	<input type="checkbox"/> Family Medical to care for family member who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19. Name of Family Member: _____ Relationship: _____ Documents Requested: Copy of Quarantine Notice or recommendation of self-quarantine				
CHILDCARE	<input type="checkbox"/> Childcare Leave to care for employee's own child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice. Names and Ages of Children: _____ Documents Requested: Documentation of child care closing.				

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated. I must comply with my Labor Agreement regarding the eligibility procedures for a Leave of Absence and this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

Employee Signature		Date	
---------------------------	--	-------------	--

For Administrative Use:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request More Information			
Administrative Signature		Date	