



Madison County HR

Because all people matter.

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Documentation Supporting Emergency Paid Sick Leave or Expanded Family and Medical Leave under the Families First Coronavirus Response Act (FFCRA)

The Families First Coronavirus Response Act (FFCRA) established new temporary emergency paid sick leave and expanded family and medical leave. This form is intended to substantiate your request for leave under this law.

We will review requests for leave and respond with a determination or a request for more information within [three] business days.

If you have any questions, please contact _____ at _____

As support of your requested emergency paid sick leave or expanded family and medical Leave under the FFCRA, you must provide the following:

- Your full name _____
- The date your requested leave will begin: _____
- The date your requested leave will end: _____
- Whether you are requesting continuous/full leave or intermittent/partial leave _____

Requests for intermittent/partial leave are subject to approval and may result in an agreed-upon schedule between you and your supervisor.

You must be unable to work or telework as a result of one of the following reasons (*select the reason for which you are requesting leave*):

1. *You are subject to a federal, state, or local quarantine or isolation order related to COVID-19;*
2. *You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19;*
3. *You are experiencing symptoms of COVID-19 and seeking medical diagnosis from a health care provider;*
4. *You are caring for an individual who is subject to a quarantine or isolation order or is advised by a healthcare provider to self-quarantine;*
5. *You are caring for your child whose school or place of care has been closed for a period of time, whether by order of a state or local decision of the individual school or place of care, or the childcare provider of such child is unavailable, for reasons related to COVID-19; or*
6. *You have a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor. The substantially similar condition may be defined at any point between 4/2 and 12/31.*

If the leave involves a quarantine, you must also provide the following:

- The name of the governmental entity ordering the quarantine or the name of the healthcare professional advising self-quarantine _____

If you are caring for an individual subject to or advised to quarantine,

- The person's name _____
- The person's relation to you _____

If the leave is based on a school closing or childcare provider unavailability, you must also provide the following:

- The name(s) of the child (or children) under the age of 18 to be cared for

- The child's (or children's) age(s) _____
- The child's relationship to you _____
- The name of the school that has closed or place of care that is unavailable

Please attach to this form one of the following to establish the closure of a school or place of care, or unavailability of childcare provider:

- A notice that has been posted on a government, school, or day care website regarding the closure
- A notice published in a newspaper regarding the closure
- An email from an employee or official of the school, place of care, or childcare provider regarding the closure/unavailability due to COVID-19 precautions

- Is any other suitable person available to care for the child during the leave period?
Yes _____ No _____

If the child you are caring for is 14 years old or older, please provide a statement explaining the special circumstances resulting in your inability to work or telework because you must provide care:

- Is any other suitable person available to care for the child during the period of leave?

Yes _____ No _____

Please reference the FFCRA poster for more information on the leave available. You can find the poster online at https://www.dol.gov/sites/dolgov/files/WH/WH1422_Non-Federal.pdf.

Employee Attestation

I do hereby attest that the above information is accurate and truthful. I understand that, by signing this document, I acknowledge that providing false or misleading information regarding my absence may be grounds for discipline up to and including immediate termination of my employment.

Employee Name [please print] _____

Employee Signature _____

Today's Date _____