

Leave Request

Federal Families First Coronavirus Response Act (FFCRA)

HUMAN RESOURCES

Note: Employee must be employed for **30 calendar days** to be eligible for Emergency Public Health Leave (EPHL) and leave taken counts toward an employee's total 12-week FML entitlement. EPHL will be prorated based upon an employee's FTE.

Employee Name	Work Phone	Home Phone
Employee Address (Street Address, City and Zip Code)		
CSU ID	Department	
<p>I am requesting leave under the FFCRA for:</p> <p><u>Emergency Public Health Leave (EPHL)</u></p> <p><input type="checkbox"/> To care for a son or daughter whose school or place of care is closed, or whose child care provider is unavailable for reasons related to COVID-19.</p> <p>I am requesting the first two weeks of leave be paid and/or unpaid <u>hours</u> as follows:</p> <p> _ Annual Leave _ Sick Leave _ EPSL (emergency sick leave) _ Unpaid</p> <p>Note: Eligible employees shall be granted unpaid leave or may take accrued leave, or up to eighty (80) hours of paid emergency sick leave during the first ten (10) days of leave. Up to an additional 10 weeks may be paid.</p> <hr/> <p><u>Emergency Paid Sick Leave (EPSL)</u></p> <p><input type="checkbox"/> Self</p> <p> <input type="checkbox"/> I AM subject to federal, state or local quarantine or isolation order related to COVID-19</p> <p> <input type="checkbox"/> I HAVE been advised by a health care provider to self-quarantine because of COVID-19</p> <p> <input type="checkbox"/> I AM experiencing symptoms of COVID-19 and seeking a medical diagnosis</p> <p>Note: Full-time employees who are unable to work or telework are eligible for up to eighty (80) hours of paid sick leave at their regular rate of pay.</p> <p><input type="checkbox"/> Family Member</p> <p> <input type="checkbox"/> I AM caring for an individual subject or advised to quarantine or isolation</p> <p> <input type="checkbox"/> I AM caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions</p> <p> <input type="checkbox"/> I AM experiencing substantially similar conditions as specified by the Secretary of Department of Health and Human Services</p> <p>Note: When caring for an immediate family member, full-time employees who are unable to work or telework are eligible for up to eighty (80) hours of paid sick leave at their regular rate of pay. For school closures, employees are eligible for up to eighty (80) hours.</p>		



Note: In response to the Families First Coronavirus Response Act effective April 1, 2020, the CSU- FFCRA Request Form is to be used by eligible employees affected by the COVID-19 pandemic to request paid or unpaid leave. The CSU *Employee Self-Certification Form for COVID-19-Like Symptoms* or *Employee Self-Certification Form for School, Place of Care or Child Care Provider Closure* will need to accompany this form to certify an employee's absence.

Period of Leave FROM Date: _____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO Date: _____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		To be Taken <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (2-hour increments)	
Employee Signature (electronic signature accepted)		Date	
Immediate Supervisor Signature (electronic signature accepted) _____ _____ Date <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Department Authorized Signature (electronic signature accepted) _____ _____ Date <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	