

# InterMountain ESD

## Application and Guidelines for Benefits under the Families First Coronavirus Response Act

**Employee Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

I am requesting leave because:

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.  
Date of quarantine or isolation order: \_\_\_\_\_ End date: \_\_\_\_\_  
Order given by: \_\_\_\_\_
  
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  
Date of quarantine or isolation order: \_\_\_\_\_ End Date: \_\_\_\_\_  
Name and address of health care provider: \_\_\_\_\_
  
- I am experiencing symptoms of COVID-19 and I'm seeking a medical diagnosis.  
Date of health care provider visit or communication from health care provider: \_\_\_\_\_  
Name and address of health care provider: \_\_\_\_\_  
\_\_\_\_\_
  
- I am caring for an individual who is subject to an order as described in the first bullet above or has been advised as described in the second bullet above.  
Relationship to the individual: \_\_\_\_\_  
Name and address of health care provider: \_\_\_\_\_  
\_\_\_\_\_
  
- I am caring for my son or daughter because his/her school or place of care is closed, or my child care provider is unavailable, due to COVID-19 precautions.  
  
Name and address of: (Childcare Provider) \_\_\_\_\_  
(Child's School): \_\_\_\_\_

Additional information/comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date