



Siuslaw School District 97J

2111 Oak Street, Florence, Oregon 97439

Phone 541-997-2651 - Fax 541-997-6748

www.siuslaw.k12.or.us

**FFCRA Leave Request Form
(Families First Coronavirus Response Act)**

The Families First Coronavirus Response Act (FFCRA) provides for Emergency Paid Sick Leave and Expanded FMLA due to qualifying reasons related to COVID-19. Employees requesting leave under FFCRA must complete and sign this leave request form. For more information regarding FFCRA leave, please see the Notice posted on the Siuslaw School District Website.

Complete this form and save a printed copy for your files. This form can be faxed to Human Resources at 541-997-6748 or emailed to jdietz@siuslaw.k12.or.us. Please contact Human Resources at 541-997-2651 with any questions.

Name of Employee: _____

Date of Request: _____ **Dates of Requested Leave:** _____ to _____

Type of Requested Leave: I am unable to work for the following reasons related to COVID-19 (check all that apply):

I am subject to a federal, state, or local quarantine or isolation order. The governmental entity ordering quarantine or isolation is: _____

I have been advised by a health care provider to self-quarantine. The health care professional advising self-quarantine is: _____

I am experiencing the following symptoms of COVID-19 and am seeking a medical diagnosis. Describe your symptoms and where you are seeking a diagnosis: _____

I need to care for the following individual under a quarantine order or advised to self-quarantine. The governmental entity ordering quarantine or isolation or the health care professional advising self-quarantine is: _____

Name of Individual Requiring Care	Relationship
_____	_____

I need to care for my son(s) and/or daughter(s) whose school or childcare has been closed or childcare provider is unavailable due to COVID-19 reasons. I represent that no other person will be providing care for the child(ren) during the period for which I will be receiving EPSL or EFMLA.

Child's Name	Child's Age	Name of School, Place of Care or Unavailable Caregiver
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are unable to work or telework because of a need to provide care for a child older than 14 during daylight hours, please explain the special circumstances that require you to provide care: _____

I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services (please explain): _____

You must be unable to telework to qualify for emergency paid leave. Please explain why you cannot continue to perform your job remotely during the above circumstances related to the current public health emergency: _____

I certify that the above information is true and correct.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER

Request of leave of absence is:

Approved

Not Approved

Comments:
