

**ADENA LOCAL SCHOOLS**  
**FFCRA Emergency Paid Leave Request Form**

I am requesting **Emergency Sick Leave** due to my inability to work or telework and:

1. \_\_\_\_\_ I am subject to a quarantine or isolation order imposed by Federal, State or Local Government Order (name of entity issuing order: \_\_\_\_\_).
2. \_\_\_\_\_ I am in quarantine or self-isolation on the advice of a health care provider (name and contact information for health care provider issuing instruction: \_\_\_\_\_).
3. \_\_\_\_\_ I am experiencing symptoms and seeking a medical diagnosis of COVID-19 (name and contact information of health care provider: \_\_\_\_\_).
4. \_\_\_\_\_ I am needed to care for an individual subject to quarantine or isolation imposed by a governmental order or health care provider (name of entity/health care provider issuing order: \_\_\_\_\_; name of individual and relationship: \_\_\_\_\_).
5. \_\_\_\_\_ I am needed to care for my child whose school or regular child care provider is closed or unavailable for reasons related to COVID-19 and no one else is caring for the child during my requested leave (name and age(s) of child(ren): \_\_\_\_\_; name of school/childcare provider: \_\_\_\_\_).
  - a. I confirm that no other suitable person is available to care for my child(ren) during my work hours: \_\_\_\_\_ (place initials here)
6. \_\_\_\_\_ I am personally experiencing a substantially similar condition announced by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor (attach copy of federal notice and order or documentation from health care provider)

I am requesting **Emergency FMLA Leave Request** due to my inability to work or telework and:

7. \_\_\_\_\_ I am needed to care for my child whose school or regular child care provider is closed or unavailable for reasons related to COVID-19 and no one else is caring for the child during my requested leave (name and age(s) of child(ren): \_\_\_\_\_; name of school/childcare provider: \_\_\_\_\_).
  - a. I confirm that no other suitable person is available to care for my child(ren) during my work hours: \_\_\_\_\_ (place initials here)

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I am requesting leave on the following dates: \_\_\_\_\_.

(If Applicable): I am requesting to use emergency leave intermittently to care for my child whose school or child care provider is closed, as set forth above. \_\_\_\_\_ Yes \_\_\_\_\_ No

I am requesting to supplement my paid emergency leave with my other accrued paid leave, where applicable. \_\_\_\_\_ Yes \_\_\_\_\_ No

Through my signature below, I certify that the information provided on this Form and any accompanying documentation is true and accurate. I understand that I am subject to discipline, up to and including termination, if I provide false or inaccurate information on this Form.

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature