



COVID-19 Leave Request Form

Effective April 1, 2020-December 31, 2020 (extended until 3/3/2021) the City of Hamilton is offering emergency paid sick leave and enhanced FMLA benefits in accordance with the Families First Coronavirus Response Act. Please complete this form to request leave. Please email documentation to cspersonnel@hamilton-oh.gov

Request Date _____

Employee Name _____

Address _____ City/State/Zip _____

Phone _____ Dept/Supv. _____

I would like to request the following leave based on the Family First Coronavirus Response Act-FFCRA

Leave of Absence: Please check one

Emergency Paid Sick Leave- EPSLA

Emergency Family and Medical Leave Expansion Act-

EFMLEA Dates Requested:

Dates Requested:

Based on the benefits allowed under the Families First Act, **please check the reason for the leave request:**

Sick Leave - 2 Weeks at full pay with a cap of \$511 per day and \$5,110 maximum:

- Subject to a Federal, state, or local quarantine/isolation order related to COVID-19
- Under the formal advice of health care provider/official to self-quarantine
- Experiencing symptoms of COVID-19 and is seeking a medical diagnosis
- Primary caregiver for individual who is in self-quarantine per advice of health care provider/official
- Primary caregiver for child if school/childcare is closed due to COVID-19 precautions
- Experiencing other substantially similar COVID-19 conditions specified by Secretary of Health and Human Services
- Adhere to a required or recommended quarantine due to exposure or symptoms of coronavirus
- Care for an at-risk family member who is adhering to a required or recommendation to quarantine due to exposure to or symptoms of coronavirus
- Care for the son or daughter under 18 years of age if the child's school/place of care has been closed or if the childcare provider/official of the child(ren) is unavailable due to a public health emergency.
- I elect to use other paid leave during the 10-day period. Please list paid leave to use: _____

Additional Notes:

Name Print

Signature

Date



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Additional Supporting Documentation Required

Please Read

An employee must provide additional supporting documentation depending on the COVID-19 qualifying reason for leave in accordance with the Families First Coronavirus Response Act-FFCRA. The nature of your leave request will determine which documentation to submit, please read the list carefully.

Documentation in support of paid sick leave or expanded family and medical leave.

- A statement indicating that the employee is unable to work or telework because of the COVID-19 qualifying reason.

Emergency Paid Sick Leave Act- EPSLA

- 1. Subject to a Federal, state, or local quarantine/isolation order related to COVID-19**
 - Must provide the name of the government entity that issued the quarantine or isolation order to which the employee is subject.
- 2. Under the formal advice of health care provider/official to self-quarantine**
 - Must provide the name of the health care provider/official who advised him or her to self-quarantine for COVID-19 related reasons.
- 3. Primary caregiver for individual who is in self-quarantine per advice of health care provider/official**
 - The government entity that issued the quarantine or isolation order to which the individual is subject or
 - The name of the health care provider/official who advised the individual to self-quarantine
- 4. Primary caregiver for child if school/childcare is closed due to COVID-19 precautions**
 - The name of the child being care for;
 - The name of the school, place of care, or childcare provider/official that closed or became unavailable due to COVID-19 reasons; and
 - A statement representing that no other suitable person is available to care for the child during the period of requested leave

Emergency Family and Medical Leave Expansion Act- EFMLEA

- 1. Care for the son or daughter under 18 years of age if the child's school/place of care has been closed or if the childcare provider/official of the child(ren) is unavailable due to a public health emergency.**
 - The name of the child being care for;
 - The name of the school, place of care, or childcare provider/official that closed or became unavailable due to COVID-19 reasons; and
 - A statement representing that no other suitable person is available to care for the child during the period of requested leave.
- 2. For leave taken under the FMLA for an employee's own serious health condition related to COVID-19, or to care for the employee's spouse, son, daughter, or parent with a serious health condition related to COVID-19, the normal FMLA certification requirements still apply, please refer to Administrative Directive 324.**