

**Pittsburg State University
Families First Coronavirus Response Act Leave
Request Form (Updated 10-30-20)**

Please write legibly. Be clear and thorough with your answers.
Digital signatures will be accepted.

Employee Name: _____ PSU ID#: _____

Department: _____

Leave options available:

Emergency Paid Sick Leave Act - Emergency Paid Sick Leave Act - Emergency Paid Sick Leave Act - Provides up to 80 hours of paid leave if you are unable to work or telework due to COVID-19 or partial paid leave because of the need to care for a dependent child if the school or place of care has been closed, or the child care provider is unavailable due to COVID-19 (Employees utilizing leave to care for a dependent child will receive paid leave in the amount of two-thirds of their regular pay. Employees may use their own accrued leave for the remaining one-third of their regular pay or may use leave without pay for that amount.)

Emergency Family and Medical Leave Expansion Act - Provides up to 10 additional weeks of leave for employees who have been employed for at least 30 days due to an inability to work or telework because of the need to care for a dependent child if the school or place of care has been closed, or the child care provider is unavailable due to COVID-19. Employees utilizing this leave will receive paid leave in the amount of two-thirds of their regular pay. Employees may use their own accrued leave for the remaining one-third of their regular pay or may use leave without pay for that amount.

Reason for Request - Please answer all questions below:

Y	N	Reason
		I am subject to a federal, state, or local quarantine or isolation order related to COVID 19. Name of government entity instructing you to isolate/quarantine: _____
		I have been advised by a health care provider to self-quarantine related to COVID 19. Name of health care provider: _____
		I am experiencing COVID 19 symptoms <u>and</u> am seeking a medical diagnosis. Name of health care facility where tested: _____
		I am caring for someone who is subject to quarantine/isolation order or advised to quarantine related to COVID 19. Name of person being cared for: _____ Name of health care facility or provider: _____
		I am caring for someone who has been advised by a health care provider to self-quarantine. Name of person being cared for: _____ Name of health care facility or provider: _____
		I am caring for a dependent child because school/daycare is closed. Name of child(ren): _____ Age(s) of child(ren): _____ Name of school/place of care provider: _____

Employee Statement:

Statement of why you are unable to work or telework: _____

Dates of Requested Leave: Leave start date: _____ Leave end date: _____

I affirm that the information I have provided in this request form is true and accurate to the best of my knowledge. I understand I may be requested to provide documentation to substantiate my request at a later date. If documentation is required, I understand that I will be notified of that need in writing by the university HR staff. I declare that the information contained in this form is true and correct and understand that providing false information in order to receive Emergency Family and Medical Leave could result in disciplinary action, up to and including, dismissal.

Employee Signature: _____ Date: _____