

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT
EMPLOYEE LEAVE REQUEST FORM**

Employee Name: _____ (Please print)

Please provide the dates which you are unable to work or telework for which you are requesting leave:

I am unable to work or telework due to **(circle one)**:

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;

Please provide the name of the governmental entity ordering quarantine: _____

2. I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19;

Please provide the health care professional's name advising self-quarantine: _____

3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. I am caring for a person subject to a federal, state, or local quarantine or isolation order or who has been advised by a health care provider to self-quarantine;

Please provide the health care professional's name advising self-quarantine: _____

Please explain the nature of the relationship with this person: _____

5. I am caring for my son or daughter whose school or daycare is closed or whose childcare provider is unavailable due to the COVID-19 public health emergency; or

Please provide the name(s) and age(s) of the child (or children) to be cared for:

Please provide the name of the school that has closed or place of care/caregiver that is unavailable:

Do you represent that no other person will be providing care for the child during the period of leave requested? (circle one)

YES

NO

6. I am experiencing any other substantially similar condition specified by the Secretary of Health & Human Services, the Secretary of the Treasury, and/or the Secretary of Labor.
7. None of these conditions apply or I choose not to use this leave as of _____(date)

If you choose not to apply for this leave, then other leave must be exhausted on a day you are called to work or telework and cannot attend.

I hereby certify that the above information provided is true and accurate.

Employee Signature

Date

Form **must** be returned to:

Kristy Reifinger
Chardon Local Schools
428 North Street
Chardon, OH 44024
(440)286-0408
Kristy.reifinger@chardonschools.org

*If you choose not to use this leave, then other leave must be exhausted on a day you are called to work and cannot attend.

Human Resources:

Leave request is approved for following dates: _____

Leave request is denied for following reason(s): _____

Recordkeeping: Employer to retain copy of this document for a period of four (4) years.