COVID-19 PSL Time Off Request under the Families First Coronavirus Response Act (FFCRA)

Name: ___________________________  Today’s Date (Month/Day/Year): ______________________

Employee Contact Information: Mobile _______________________  E-mail ________________________

I, ________________________________, am requesting time off to be taken
(Name of Employee)

from __________________ through and including ________________ OR intermittently as follows:
(Month/Day/Year)                                          (Month/Day/Year)
______________________________________________________________

Total number of FFCRA Paid Sick Leave hours being requested ________

Total number of FFCRA Emergency FMLA hours being requested under reason 5., below __________

- First 10 days: □ Unpaid or requesting □ FFCRA Paid Sick hours or
□ PSL hours ______ □ PTO/vacation hours _______ (total hours requesting of paid time)

Supplement my time off, if applicable, with □ PTO/ vacation______hours  □ PSL______hours

Reason for Leave*:
□ 1) I am subject to a federal, state or local quarantine or isolation order related to COVID-19; Name of Gov’t Entity that issued the order: __________________________

□ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19; Name of Healthcare provider: __________________________

□ 3) I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis;
   • Name of health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19 __________________________

□ 4) I am caring for an individual who is subject to an order as described in No. 1 or I have been advised to as described in No. 2, above; Relationship to individual __________________________
   • Name of Gov’t Entity that issued the order to which the individual being cared for is
     subject __________________________; or
   • Name of health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19 __________________________

□ 5) I am caring for my son or daughter because the school or place of care of my son or daughter has been closed, or my child care provider of my son or daughter is unavailable, “due to COVID-19 precautions;”
   • Name and age of the Son or Daughter being cared for __________________________;
   • Name of the School, Place of Care, or Child Care Provider that has closed or become unavailable; __________________________ and
   • No other suitable person will be caring for the Son or Daughter during the period for which I am taking leave. Initial ________

□ 6) I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Documentation in support of leave attached? □ Yes  □ No
If no, please provide within fifteen (15) business days, if practicable.

By signing below I acknowledge that I am unable to work or telework for the reason noted above. If signing electronically, please type your full name, followed by “e-signed.”

Employee’s Signature __________________________________________  Date __________________

*Please note, if taking time off for reasons 4-6, above, FFCRA only covers approximately 2/3 your regular rate of pay.
Employers, per IRS Guidance

An Eligible Employer will substantiate eligibility for the sick leave or family leave credits if the employer receives a written request for such leave from the employee in which the employee provides:

The employee’s name;
The date or dates for which leave is requested;
A statement of the COVID-19 related reason the employee is requesting leave and written support for such reason; and
A statement that the employee is unable to work, including by means of telework, for such reason.

In the case of a leave request based on a quarantine order or self-quarantine advice, the statement from the employee should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not the employee, that person’s name and relation to the employee.

In the case of a leave request based on a school closing or child care provider unavailability, the statement from the employee should include the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave and, with respect to the employee’s inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

An Eligible Employer will substantiate eligibility for the sick leave or family leave credits if, in addition to the information set forth in FAQ 44 (“What information should an Eligible Employer receive from an employee and maintain to substantiate eligibility for the sick leave or family leave credits?”), the employer creates and maintains records that include the following information:

Documentation to show how the employer determined the amount of qualified sick and family leave wages paid to employees that are eligible for the credit, including records of work, telework and qualified sick leave and qualified family leave.
Documentation to show how the employer determined the amount of qualified health plan expenses that the employer allocated to wages. See FAQ 31 (“Determining the Amount of Allocable Qualified Health Plan Expenses”) for methods to compute this allocation.
Copies of any completed Forms 7200, Advance of Employer Credits Due To COVID-19, that the employer submitted to the IRS.
Copies of the completed Forms 941, Employer’s Quarterly Federal Tax Return, that the employer submitted to the IRS (or, for employers that use third party payers to meet their employment tax obligations, records of information provided to the third party payer regarding the employer’s entitlement to the credit claimed on Form 941).

Record Retention: An Eligible Employer should keep all records of employment taxes for at least 4 years after the date the tax becomes due or is paid, whichever comes later. These should be available for IRS review.