

Cortland County Personnel/Civil Service
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www.cortland-co.org/personnel

Employee Request for Emergency Paid Sick Leave under FFCRA (as of 4/4/20)

I am requesting Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA):

- A. **Employee's Name.** _____ ;
- B. **Dates.** I request leave for the following dates: _____;
- C. **Qualifying Reason for the Leave.** I certify that I am unable to work (or telework) due to one of the following reasons: *[Initial the Qualifying Reason that apply and supply request4ed reason.]*

- _____ 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- Name of government entity that issued the Quarantine or Isolation Order: _____.
 - I am also attaching a copy of the Order.
 - I am providing a statement of inability to work or telework and any "extenuating circumstances" below.
- _____ 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- Name of the health care provider who advised the Employee to self-quarantine due to concerns related to COVID-19: _____.
 - I am also attaching medical notes or records from this provider.
 - I am providing a statement of inability to work or telework and any "extenuating circumstances" below.
- _____ 3. I am experiencing symptoms of COVID-19 and seeking medical diagnosis from a health care provider.
- Name of health care provider from whom a medical diagnosis was sought: _____.
 - Dates on which a medical diagnosis testing was sought: _____.
 - List the "serious symptoms" of COVID-19 that prevented me from working or tele- working: _____.
 - I am providing a statement of inability to work or telework and any "extenuating circumstances" below.
- _____ 4. I am caring for: an individual who is subject to an order as described in subparagraph (1); or an individual in self-quarantine as described in paragraph (2).
- The name of the individual cared for: _____.
 - "Personal relationship" of person cared for: _____
 - Reason why care of the individual was required (i.e., FFCRA qualifying reason #1 or 2): _____
 - I am also attaching a copy of any Order that pertains.

- I am providing a statement of inability to work or telework and any “extenuating circumstances” below.

____5. I am providing care for a son or daughter under the age of eighteen whose school was closed or day care provider was unavailable for a period of time, whether by order of a federal, state or local official or authority for reasons related to COVID-19 or other competent authority.

- Name of school, place of care, or child care provider: _____.
- Date of school closure/day care provider unavailability _____.
- Name of son or daughter cared for: _____.
- I am providing a statement of inability to work or telework and any “extenuating circumstances” below, including a statement that there is no other suitable person able to care for my son or daughter.

____6. The Employee has a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor. The substantially similar condition may be defined at any point during the effective period, April 1, 2020, to December 31, 2020.

- State the condition that applies: _____.
- I am providing a statement of inability to work or telework and any “extenuating circumstances” below.

D. Employee’s Statement of Inability to Work or Telework and Any “Extenuating Circumstances”

E. **Documentation.**¹ I have provided the following documents in support of my request [*Attach*]:

F. **Expanded FMLA.** If you are eligible for Expanded FMLA under the FFCRA, you must provide additional documentation required by the FMLA²

Signature: _____

Date: _____, 2020

NAME: _____

¹ Per US DOL: “If one of your employees takes paid sick leave under the Emergency Paid Sick Leave Act, you must require your employee to provide you with appropriate documentation in support of the reason for the leave, including: the employee’s name, qualifying reason for requesting leave, statement that the employee is unable to work, including telework, for that reason, and the date(s) for which leave is requested. Documentation of the reason for the leave will also be necessary, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine.”

² Per US DOL: “If one of your employees takes expanded family and medical leave to care for his or her child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19, under the Emergency Family and Medical Leave Expansion Act, you must require your employee to provide you with appropriate documentation in support of such leave, just as you would for conventional FMLA leave requests.”