

Request and Certification for Leave Under the FFCRA

An Affiliate of **MERCYONE**SM

Name: _____ Date: _____

Position Title: _____

Department: _____

Dates of leave requested: _____

Current contact information including home email and phone: _____

Reason for Leave:

For Self:

- #1. You are following a federal, state, or local quarantine or stay-at-home order

Name of government entity that issued the order _____

- #2. You are quarantined by a health care provider

Name of provider _____

- #3. You have COVID-19 symptoms and are seeking a diagnosis

Name of Provider _____

For Someone Else:

- #4. You must care for someone under a federal, state, or local quarantine or stay-at home order or are quarantined by a health care provider.

Nature of relationship/Name _____

Name of government entity/provider that issued the order _____

School/Daycare Closure:

- #5. You must care for your child whose school, childcare provider, or place of care is unavailable due to COVID-19

Name of child being cared for and age _____

Name of school, place of care, or provider that has closed or become unavailable _____

- Other _____

Note that you are required to promptly submit documentation regarding any need for leave. This may include a public notice or email of a school closure, any governmental order and/or medical certification. By submitting documentation, you are certifying that it is accurate and truthful. Submitting any inaccurate or untruthful information is considered to be gross misconduct. Failure to submit documentation will result in leave approval being denied.

Signature: _____ Date: _____