

Emergency Paid Sick Leave and Expanded Family and Medical Leave Request Form

Families First Coronavirus Response Act (FFCRA) - April 1, 2020 to December 31, 2020

Individuals employed by the County of Kern may be eligible for new leaves under the Families First Coronavirus Response Act (FFCRA), beginning April 1, 2020. All employees may request **Emergency Paid Sick Leave** and individuals employed as of March 2, 2020 or for at least 30 days may request **Expanded Family and Medical Leave**. An employee may qualify for one or both types of leaves, See Kern County FFCRA Implementation Policy for additional requirements.

Employee Name _____ Employee ID # _____

E-mail _____ Daytime Phone _____

County Department _____

Leave Start Date _____ Anticipated Leave End Date _____ Intermittent (circle) Y / N

Emergency Paid Sick Leave

You are entitled to paid sick leave if you are unable to work or telework due to a qualifying reason related to COVID-19 (see Kern County FFCRA Implementation Policy). You must provide documentation in support of the reasons for your paid sick leave. **Check One:**

- ☐ 1. I am subject to federal, state, or local quarantine or isolation order related to COVID-19
- ☐ 2. I have been advised by a health care provider to self-quarantine due to COVID-19 related concerns
- ☐ 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis
- ☐ 4. I am caring for an individual who meets the specifications in (1) or (2) above
- ☐ 5. I am caring for a son or daughter if the school or place of care has been closed or the child care provider is unavailable due to COVID-19 precautions
- ☐ 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

Expanded Family and Medical Leave

You are entitled to expanded family and medical leave to care for your child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19-related reasons (see Kern County FFCRA Implementation Policy). You must provide documentation in support of expanded family and medical leave.

I understand that I must submit adequate supporting documentation prior to approval for either type of FFCRA leave. I certify under penalty of perjury that the basis of my request is true and factual and understand that any untrue statements or falsification of supporting documentation related to this leave request may be subject to disciplinary action, up to and including termination.

(initial)

Employee Signature

Date

Return completed form with supporting documentation to your department's Human Resources or Payroll Clerk

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