



Families First Coronavirus Response Act Leave Request Form

First Name: _____

Last Name: _____

Building: _____

Administrator: _____

Email: _____

Phone: _____

Length of Leave Request

New Request

This is an update/change to an existing request

**Requested
Leave Dates:**

Start Date:

End Date:

Date Return to Work:

Total Days Requested:

***Emergency Paid Sick Leave will be automatically used first unless you specify otherwise.
Select the order of how you would like Accrued Sick and Emergency Sick Leave paid.***

Emergency sick per FFCRA

Accrued sick leave

Type of Leave Requested Continuous Intermittent

Employee's own Medical Leave (please check 1 box)

Subject to Quarantine by Federal/State/Local Quarantine order. (FFCRA#1)

- Attach a copy of the Quarantine notice or recommendation to self-quarantine.

Advised to self-Quarantine by a healthcare provider. (FFCRA#2)

- Attach a copy of the Quarantine Notice or recommendation to self-quarantine.

Have been diagnosed with COVID -19 or are seeking diagnosis. (FFCRA#3)

- Attach a copy of Doctor's visit summary/appointment notice if possible.

I am experiencing another substantially similar condition specified by the U.S Department of Health and Human Services. (FFCRA#6)

- Attach documentation that shows a diagnosis or treatment for the condition, including past visit summaries from on-line medical charts.

Family Medical Leave

Family Medical to care for _____ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you). (FFCRA#4)

- Attach a copy of Quarantine Notice or recommendation of self-quarantine.

Childcare

Childcare Leave to care for employee's own child (under the age of 18) whose school or place of care is closed or is unavailable) due to COVID-19 related reasons. (FFCRA#5)

- Attach name of the child being cared for; then name of the school; place of care provider that closed or became unavailable due to COVID-19 reasons; and a statement representing that no other suitable person is available for the child during the time of requested leave.

I certify that all information on this form is correct and that the leave requested is for the purpose(s) Indicated above under the FFCRA. I understand that this request is subject to approval by the Assistant Superintendent. Any change in this leave must be communicated in writing to the office of Human Resources.

Employee Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

Please deliver or email this form to Dennis M. Fare, Assistant Superintendent of Schools.

Email : dfare@mahwah.k12.nj.us