

Leave Request Form

FFCRA Emergency Paid Sick Leave Act

Today's Date: _____

Employee Name: _____

Employee Address: _____

Reasons for Taking Leave:

Paid at 100% of wages:

I'm currently subject to a federal, state or local quarantine or isolation order related to COVID-19.

I've been advised by a health care provider to self-quarantine related to COVID-19.

I'm experiencing COVID-19 symptoms and seeking a medical diagnosis.

I'm experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Paid at 2/3 of wages:

I'm caring for an individual subject to a quarantine or isolation order.

I'm caring for a child whose school or place of care is closed due to COVID-19.

Date Leave will begin: _____

Date of return to work: _____

Please complete the following section if leave will be taken intermittently.

Schedule of needed time off:

Employee Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

We're here to help!

Visit: myHomePay.com

Call: 888.273.3356

Email: clientservice@myhomepay.com

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