Family First Coronavirus Response Act (FFCRA)

*Qualifying Leave Request Form*

***Please Note***, this form is a ***TEMPLATE*** and should be customized to meet your dealership’s individual needs and practices. Additionally, this form does not constitute legal advice or counsel and is being provided for educational purposes only. Please consult with your counsel.

Last Revised: April 06, 2020

**Family First Coronavirus Response Act (FFCRA)**

*Qualifying Leave Request Form*

April 01, 2020 through December 31, 2020

*Available to all Full and Part Time Employees*

*Employees requesting either Emergency Paid Sick Leave or Emergency Family and Medical Leave must complete this form and return to [INSERT DEALERSHIP CONTACT] as soon as practicable. See the FFCRA poster or contact INSERT DEALERSHIP CONTACT for more information regarding your entitlement to emergency leave. Additional documentation may be required to support your request.*

Employee Name: Date of Request:

Position: Dealership:

Under the FFCRA, eligible employees may be entitled to two types of paid leave. The first is paid sick leave, which you are permitted to use up to 10 days (maximum of 80 hours) for a full-time employee and generally, the average of hours worked in a two-week period for part-time employees. The second is for Emergency Family Medical Leave Expansion Act (EFMLEA) to care for your son or daughter for up to 12 weeks (10 weeks paid). Each of these is discussed below.

**Emergency Paid Sick Leave Request**

Eligible employees may receive up to two weeks (maximum 80 hours) of paid sick leave if the employee meets any of the following qualifications:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. The employee is caring for an individual who is subject to an order or advised by a health care provider to self-quarantine as described above under (1) and (2);
5. The employee is caring for a son or daughter if school or child care is closed/unavailable; or
6. The employee is experiencing “any other substantially similar condition” specified by HHS.

Employees who qualify for reasons (1) – (3) are entitled to their regular rate of pay up to the thresholds outlined by the FFCRA. Employees who qualify for reasons (4) – (6) are entitled to two-thirds of their regular rate of pay up to the thresholds outlined by the FFCRA. Based on this information, please complete the following:

|  |  |
| --- | --- |
| Qualifying Reason | Number of Days/Hours requested |
|  |  |
| Any additional information you believe is necessary to evaluate leave request: |

*Please note you will be asked to provide supporting documentation for your request. Please consult with the HR Manager for more information.*

**Emergency Family Medical Leave Expansion Act Request**

Eligible employees who have been employed by the dealership for at least 30 calendar days are entitled to 12 weeks of job protection. However, only 10 weeks of that protection will be paid at two-thirds of the employee’s regular rate of pay up to the thresholds outlined by the FFCRA. An employee qualifies for the leave if the employee is unable to work due to the need for leave to care for the son or daughter of such employee who is under 18 years of age or18 years of age or older and incapable of self-care because of a mental or physical disability, if the school or place of care has been closed, or the child care provider is unavailable due to an emergency with respect to COVID-19 declared by a federal, state, or local authority.

|  |  |
| --- | --- |
| Qualifying Reason:⃝ Child’s/Children’s School has Closed⃝ Other Childcare situation (please describe below) | Number of Days/Hours requested: |
| School or Childcare Facility’s name and address: | Child/Children’s Name and Age: |
| *If you have a child over the age of 14 and they need care during daylight hours or your child is over the age of 18 but is incapable of self-care because of mental or physical disability, please provide a statement of the special circumstances that exist that require the employee to provide care.*  |
| Any additional information you believe is necessary to evaluate leave request: |

*Please note you will be asked to provide supporting documentation for your request. Please consult with the HR Manager for more information.*

 By initialing, I represent that that no other person will be providing care for the child during the period for which I would be receiving family medical leave.

You may, but are not required, to supplement the first 10 days of unpaid leave with either the emergency sick leave coverage or any accrued PTO, vacation, or sick leave. Please indicate if you would like to supplement the first 10 days and if so what type of leave you wish to use.

Number of accrued days/hours to use towards leave:

⃝ Emergency Sick Leave (complete the request above)

⃝ Any accrued PTO, vacation, or sick leave

⃝ Unpaid

⃝ The FFCRA permits an employee to take leave intermittently though some limitations apply. Any intermittent leave must be approved by the employer. If you wish to take intermittent leave, please check where indicated.

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| Provide your requested intermittent leave schedule.  |

By signing below, I acknowledge that I am unable to work, including telework, for the reason state above. I hereby state that I am being truthful and that any omission or misstatement in this request may be subject to disciplinary action up to and including termination.

Employee’s Signature Date