

Business Name: _____

Form to Authorize Families First Coronavirus Response Act Paid Leave

Employee name: _____

Date: _____

Position: _____

Start date of Leave: _____

End date of Leave (if known): _____

Reason for Leave:

Employee is unable to work or work from home for the following reason (Choose One):

Families First Employee Pay Eligibility:

2 weeks sick pay at full pay up to the maximum of \$511 per day.

- The employee is personally subject to a quarantine or isolation order related to Covid-19 (note: orders or requests for all persons to stay home or self-quarantine do not qualify)
- The employee has been advised by a doctor or other health care provider to self-quarantine due to concerns related to Covid-19
- The employee is experiencing symptoms of Covid-19 (fever, cough, shortness of breath) and is seeking a medical diagnosis. (note: employees must contact company as soon as a diagnosis is obtained)

Families First Care Pay Eligibility:

2 weeks sick pay at 2/3 pay up to the maximum of \$200 per day.

- The employee is caring for a person subject to an individual quarantine or isolation order or a person who has been advised by a doctor or other health care provider to self-quarantine.

Families First FMLA Expansion Eligibility:

12 weeks FMLA leave at 2/3 pay up to the maximum of \$200 per day.

Employees must be employed for at least 30 days.

- The employee is caring for a son or daughter (including a biological, adopted, or foster child, a stepchild, a legal ward, or a child for whom I stand in place of the parent) whose school or place of care is closed or whose care provider is unavailable due to Covid-19 precautions. (please check one of the two options):
 - The employee will be paid for the first two weeks of this leave of absence.
 - The employee will not be paid for the first two weeks of this leave of absence.

I spoke to the employee (or a person calling on the employee's behalf who advised the employee is not able to call him/herself) and was advised that due to the above checked reason the employee is unable to work or work from home.

This employee has been approved for _____ hours of paid sick leave.

The employee's rate of pay is \$ _____ per _____.

The employee will be paid 100% 2/3 of employee's regular rate which is \$ _____ per _____.

(maximum of \$5,111 per employee at 100% of pay rate and maximum of \$2,000 per employee at 2/3 pay rate)

Owner