

Families First Coronavirus Response Act (FFCRA) Emergency Paid Sick Leave Request Form

Pursuant to the Families First Coronavirus Response Act (FFCRA), Mississippi State University will provide leave options to eligible employees who are unable to work due to COVID-19 related issues. Please complete this form to request Emergency Paid Sick Leave under FFCRA.

Please email the completed form to leave@hrm.msstate.edu in Human Resources Management.

Name of Employee: _____ MSU ID Number: _____

Department: _____

Supervisor: _____ Supervisor email: _____

Department Phone Number: _____ Mailstop: _____

Reason for emergency paid time off request:

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.¹
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.¹
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I am caring for an individual (1) subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or (2) who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.¹
- I am caring for a son or daughter² whose school or place of care is closed, or childcare provider is unavailable, for reasons related to COVID-19.¹

Start date of requested leave: _____ End date of requested leave: _____

¹Supplemental documentation is required (see page 2.)

²“Son or daughter” is your own child (under 18 years of age), which includes your biological, adopted, or foster child, your stepchild, a legal ward, a child for whom you are standing in loco parentis, or an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

Employee Certification:

- I certify that I am unable to work (or telework) for the reason above.
- I understand that approval of this request is contingent upon the availability of an adequate emergency paid sick leave balance.
- If I am caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, I certify that no other suitable person will be providing care for the child(ren) during the period for which I am receiving the emergency paid time off.
- I understand that any emergency paid time off approved under FFCRA will be discontinued on the earliest of: the date my available time under emergency paid time-off exhausts, I no longer have a qualifying reason, or December 31, 2020.

Falsification of this form or of any supporting documentation is grounds for disciplinary action, up to and including termination.

Please initial here to confirm your understanding: _____

Employee signature:

Date signed:

Families First Coronavirus Response Act (FFCRA)

Emergency Paid Sick Leave Supplemental Documentation

In order to use Emergency Paid Sick Leave, you must provide supplemental documentation related to the reason for leave.

Leave request is for quarantine (self/others), diagnosis or pending diagnosis (self/others)

Provide the name and phone number of the health care provider.

Leave request to care for son or daughter whose child care provider or school is closed due to COVID-19

Provide the child care provider name, address, and phone number that has closed or is unavailable.

Provide name(s) and age(s) of child(ren) to be cared for.

Employee signature:

Date signed: