



Town of Milford

Families First Coronavirus Response Act Leave Request Process

To Request Paid Leave Under the Families First Coronavirus Response Act:

1. Please complete the attached Town of Milford Families First Coronavirus Response Act Leave Request Form and submit to humanresources@townofmilford.com . Please include your last name and FFCRA in the subject line.
 - a. You must include supporting documentation such as:
 - i. Isolation or quarantine orders and/or a doctor's note stating that you, or someone you are caring for, is experiencing one or more of the following symptoms with relation to COVID-19:
 1. Temperature over 100.4° F
 2. Cough
 3. Shortness of breath
 4. Sore throat
 5. Contact with someone who has tested positive or is under review for COVID-19
 - ii. Proof that your child's school/place of care is closed
2. After review, Human Resources will contact you and your department head, informing you of the decision. If approved, you will be required to sign the FFCRA Leave Acceptance form.

Please Note:

- Provisions under the Families First Coronavirus Response Act apply from April 1, 2020 through December 31, 2020.
- An employee may only take up to 12 weeks total to care for his/her child whose school or place of care is closed due to COVID-19 related reasons during this timeframe. A child is defined as a dependent that is under the age of 18.
- The Emergency Medical Leave Expansion Act does not increase the total amount of FMLA time otherwise available to employees. Employees are entitled to 12-weeks total leave for FMLA and EMLEA.
- If you are taking leave for reason #5 on the request form, you may use your own sick, vacation or personal time after your two weeks of Emergency Paid Leave has been exhausted.

Town of Milford
Families First Coronavirus Response Act Leave Request Form

To request leave on the basis of the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to Human Resources as soon as practical. Questions should be directed to Maureen Giffin, HR Director, at humanresources@townofmilford.com.

Employee Name (print clearly): _____

Department: _____

E-mail (All responses will go to the e-mail address you provide here): _____

Phone: (best # to reach you during the work day): _____

Requested Leave Start Date: _____ Estimated End Date: _____

I certify that I am unable to work or telework because of the qualifying reason below (select the most appropriate box):

- ☐ 1. I am subject to a Federal, State or local quarantine or isolation order related to COVID-19. I will receive up to two weeks of paid sick leave.
- ☐ 2. I have been advised by a health care provider to self-quarantine related to COVID-19. I will receive up to two weeks of paid sick leave.
- ☐ 3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis. I will receive up to two weeks of paid sick leave.
- ☐ 4. I am caring for an individual subject to an order described in (#1) or self-quarantine as described in (#2). I will receive up to two weeks of partially paid sick leave.
- ☐ 5. I am caring for my child under the age of 18, whose school or place of care is closed due to COVID-19 related reasons. I will receive up to two weeks of partially paid sick leave. *

*If checking box 5, employee is also eligible for up to an additional 10 weeks of partially paid leave. Please check this box to apply for Expanded Family and Medical Leave.

- ☐ 6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. I will receive up to two weeks of partially paid sick leave.

Employee Signature: _____ Date: _____

All requests for leave under the Families First Coronavirus Response Act must have supporting documentation attached, as described in the Leave Request Procedure.

Individuals for whom you are providing care* (Provide full name, date of birth, and relationship.) If leave is requested for your own quarantine, write N/A: _____

Name of School(s) or Childcare Provider(s): _____

I certify that no other person will be providing care of my child(ren) during the period for which I am receiving family medical leave and, if my child is older than eighteen (18), I certify that special circumstances exist requiring me to provide care.

Employee Signature: _____ **Date:** _____

Please explain the circumstances that require you to care of a child 18 years or older: _____

Date leave is expected to begin: _____

Date leave is expected to end: *(You may request up to two weeks for medical purposes including quarantine and/or isolation. You may request up to 12 weeks for reasons related to childcare.).* _____

I would like to apply for paid emergency leave for the purpose(s) requested above. Yes____ No ____

I would like to supplement any unpaid leave for purposes #5 (listed above) with my accrued time as follows:

- ☐ Sick Leave
- ☐ Vacation Leave
- ☐ Personal Leave
- ☐ N/A – I do not wish to supplement my accrued time

Please explain how you would like to apply your accrued time *(Sick time will be used to supplement any unpaid time (for reason #5) above unless you request otherwise. Write N/A if you are not using accrued time.)*

Employee Signature: _____ **Date:** _____

For HR use ONLY: Date received: _____ FFCRA Leave Approval Letter Sent: _____