

## COVID-19 FFCRA PAID SICK LEAVE REQUEST FORM

PLEASE PRINT CLEARLY

**Date:** \_\_\_\_\_ **Salon Location:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Town State Zip Code

**Email:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**I am requesting FFCRA "Paid Sick Leave" for the following reason:** *Please check-off appropriate box below:*

<input type="checkbox"/>	1) I am unable to work, including unable to telework, because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
<input type="checkbox"/>	2) I am unable to work, including unable to telework, because I have been advised by a health care provider to self-quarantine related to COVID-19;
<input type="checkbox"/>	3) I am unable to work, including unable to telework, because I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis;
<input type="checkbox"/>	4) I am unable to work, including unable to telework, because I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
<input type="checkbox"/>	5) I am unable to work, including unable to telework, because I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or
<input type="checkbox"/>	6) I am unable to work, including unable to telework, because I am experiencing another substantially-similar condition specified by the U.S. Department of Health and Human Services.

**PLEASE READ:** You are entitled to paid sick leave if you are unable to work or telework due to a qualifying reason related to COVID-19 as stated above. You must provide documentation in support of the reasons for your paid sick leave. **Please include your support documentation with this form.** These documents may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 or written documentation by a health care provider advising you to self-quarantine due to concerns related to COVID-19. You must provide documentation in support of your expanded family and medical leave taken to care for your child whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19-related reasons. For example, this requirement may be satisfied with a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider. We will retain this notice or documentation in support of expanded family and medical leave, including while you may be taking unpaid leave that runs concurrently with paid sick leave if taken for the same reason. Please also note that all existing certification requirements under the FMLA remain in effect if you are taking leave for one of the existing qualifying reasons under the FMLA. For example, if you are taking leave beyond the two weeks of emergency paid sick leave because your medical condition for COVID-19-related reasons rises to the level of a serious health condition, you must continue to provide us medical certifications under the FMLA. Please note that you may be subject to disciplinary action, up to and including employment termination, if you intentionally abuse this policy.

**PLEASE NOTE FFCRA LAW: FFCRA Paid Sick Leave law is in effect April 1, 2020 and through December 31, 2020.**  
**QUESTION:** If my employer closed my worksite before April 1, 2020, can I still get paid sick leave or expanded family and medical leave?  
**ANSWER:** No. If, prior to the FFCRA's effective date (April 1, 2020), your employer sent you home and stops paying you because it does not have work for you to do, you will not get paid sick leave or expanded family and medical leave but you may be eligible for unemployment insurance benefits. This is true whether your employer closes your worksite for lack of business or because it is required to close pursuant to a Federal, State, or local directive. You should contact your State workforce agency or State unemployment insurance office for specific questions about your eligibility. For additional information, please refer to <https://www.careeronestop.org/LocalHelp/service-locator.aspx>  
 It should be noted, however, that if your employer is paying you pursuant to a paid leave policy or State or local requirements, you are not eligible for unemployment insurance. <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>

**I am requesting FFCRA "Paid Sick Leave" for the following time period, which I am providing documentation in support of the specified time period I state below:**

**Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **End Date:** (pursuant to support documentation) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE PAYROLL SECTION:**

Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employment Status:  Full Time  Part time

Pay Type:  Hourly  Salary  Commission Weekly Pay Rate: \_\_\_\_\_

Position:  Stylist  Assistant  Salon Coordinator  Manager  Other: \_\_\_\_\_

Payroll Approval Signature: \_\_\_\_\_ Date Processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payroll Approval Signature: \_\_\_\_\_ Date Processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_