

City of Springfield, MA

Families First Coronavirus Response Act Request Form

To request emergency paid sick leave and/or expanded family and medical leave as provided under the Families First Coronavirus Response Act and the City of Springfield’s Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager or the Assistant Human Resources Director as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Employee ID Number: _____ Department: _____

Title/Position: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this emergency paid sick leave request is (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions.

Name of child(ren): _____

Age of child(ren): _____

Relationship to Employee: _____

I certify that no other person will be providing care for my child(ren) during the period for which I am receiving FFCRA leave and if my child is older than 14 I certify that special circumstance exist requiring me to provide care.

- Yes No N/A

- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Employees must submit appropriate documentation to the Assistant Director of Human Resources to verify their need for EPSL and FMLA+. Documentation includes quarantine or isolation orders, doctor’s recommendations, or a notice of a school or place of care closure.

Additional documentation or clarification of documentation, may be required prior to making a final determination to approve or deny an FFCRA leave request.

Employee Signature _____ Date _____

HR Department Rep. Signature _____ Date _____