

Glennville State College

Families First Coronavirus Response Act

The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with Emergency Paid Sick Leave and Expanded Family and Medical Leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

Employee Full Name: _____ Telephone: _____

Supervisor Name: _____ Department: _____

Leave Start Date: _____ Leave End Date: _____

I am a GSC employee applying for 10 days of Emergency Paid Sick Leave.

I am applying for leave related to COVID-19 as an employee who is unable to work, including unable to telework, due to the following reason: (select one)

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 related to COVID-19;
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis;
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons;
6. I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

I am a GSC employee applying for 10 weeks of Emergency Paid Sick Leave and Expanded FMLA job protection.

5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons

Please attach proper documentation for each selected reason for time off requested along with this completed form.

If you have any questions or immediate concerns, you may contact Human Resources by emailing hr@glennville.edu

Employee Signature

Date

HR Approval

Date:

Human Resources will be in contact with you regarding your request as soon as possible.

HR-04/20