

State of Vermont
Families First Coronavirus Response Act (FFCRA)
LEAVE REQUEST FORM

Employees who may be eligible for Emergency Paid Sick Leave (EPSL) and/or the Emergency Family Medical Leave Expansion Act (EFMLEA), must complete this form and return it to their Human Resources Business Partner (DHR Field Operations Representative) with appropriate documentation to support the request, for review and response. You can locate a list of all DHR Field Operations Representatives here:

<https://humanresources.vermont.gov/about-us/contact/hr-field-representative-locator>

Individual situations will vary. It is important that employees work with their supervisors when considering the use of EPSL and/or EFMLEA. Supervisors must contact the Department of Human Resources Business Partner assigned to support their department/agency with questions concerning the specifics of their situation.

SECTION I: EMPLOYEE INFORMATION

Employee Name: _____	Employee ID: _____
Your Preferred Email Address: _____	
Your Preferred Phone Number: _____	
Your Current Mailing Address: _____ _____	
Department: _____	
Name of Your Supervisor: _____	

SECTION II: DURATION OF LEAVE & REASON

Anticipated Begin Date: _____ Anticipated End Date: _____

I am requesting leave for the following reason (check applicable):

- I am caring for my child/children under age 18 whose school or place of care is closed or child care provider is unavailable due to COVID-19 related reasons
- I am providing care for my child/children age 18 or older with a disability and cannot care for themselves due to that disability, whose school or place of care is closed or child care provider is unavailable due to COVID-19 related reasons

Please note; in the following situations, the employee, unless authorized to telework by their supervisor or manager, may not take intermittent leave due to the unacceptably high risk that the employee might spread COVID-19 to other employees when reporting to the employer's worksite.

- I am subject to a Federal, State, or Local quarantine or isolation order related to COVID-19

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- I have been advised by a health care provider to self-quarantine related to COVID-19
- I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
- I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (“the employee is, may be, or is reasonably likely to become, sick with COVID-19, or is exposed to someone who is, may be, or is reasonably likely to become, sick with COVID-19.”)
- I am caring for an individual who is subject to Federal, State, or Local quarantine or isolation order related to COVID-19; or has been advised by a health care provider to self-quarantine related to COVID-19; or is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (“the individual is, may be, or is reasonably likely to become, sick with COVID-19, or is exposed to someone who is, may be, or is reasonably likely to become, sick with COVID-19.”)

Non-COVID-19 Leave Requests

- I have a serious health condition unrelated to COVID-19 which is NOT a substantially similar condition specified by the Secretary of Health and Human Services
- I am caring for an immediate family member who has a serious health condition unrelated to COVID-19

SECTION III: LEAVE USAGE

- Unpaid Leave
- Emergency Paid Sick Leave (EPSL) - pays at 100% of regular rate
- EFMLEA Leave pays at 2/3 your regular rate of pay up to \$200 a day (applies only to EFMLEA Leave to care for son or daughter whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons) – **only if not using Emergency Paid Sick Leave**
- Using Earned Leave Balances

SECTION IV: EMPLOYEE AUTHORIZATION

- Intermittent Leave
- Full-time Leave

Please see the accompanying Documentation to Support a Leave Request Under EPSL and/or EFMLEA for the specific information needed to support your request

- Documentation is attached
- Documentation is not attached

(I understand that I may be required to provide additional documentation at a later date)

Employee signature: _____ Date: _____

Human Resources Business Partner signature: _____ Date: _____