

UNIVERSITY OF MONTEVALLO
FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

An employee requesting paid leave under the federal Families First Coronavirus Response Act¹ (“FFCRA”) may only take leave for a qualifying condition, all of which are listed below. To approve your leave request, you must provide us with information and documentation supporting the reason(s) for which you seek leave.

Paid leave will not be approved until this form, the Request for Emergency Paid Sick Leave and/or Emergency FMLA Leave Expansion Leave Form and applicable manual leave report or timesheets has been provided.

I. GENERAL INFORMATION

1. Name and Contact Number : _____
2. Job Title and Supervisor: _____
3. Date or Date(s) for which leave is requested: _____ - _____
4. Are you requesting to take leave intermittently?* Yes _____ No _____

If yes, please specify your proposed intermittent schedule:

*Please note that intermittent leave is only available for certain types of leave, at the University’s discretion. Requests for intermittent leave will be considered on a case-by-case basis, depending on the type of leave requested, position/department, and University needs.

II. FFCRA QUALIFYING REASON FOR PAID LEAVE

I certify that I am unable to work or telework for the following reason (check all that apply):

*1. I am subject to a Federal, State or local quarantine or isolation order related to COVID-19.

Provide the name of governmental entity that issued the quarantine or isolation order:

*2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

¹ The FFCRA expired on December 31, 2020. However, effective January 1, 2021, the University of Montevallo has voluntarily decided to continue offering paid leave to employees with FFCRA-qualified reasons through the last day of the Spring of 2021 semester, under the same terms, conditions, and requirements of the FFCRA. The University reserves the right to discontinue that paid leave benefit at any time, in its sole discretion.

Provide name of health care provider: _____

*3. I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis.

*4. I am/will be taking care of someone who (a) is subject to a Federal, State, or local quarantine or isolation order; or (b) has been advised by a health care provider to isolate or self-quarantine due to concerns related to COVID-19.

Provide name of individual for whom I am providing care and their relationship to me:

If applicable, identify the health care provider who recommended that the individual to whom I am/will be providing care self-quarantine due to concerns related to COVID-19:

*5. I am/will be caring for my child/children whose school or place of care is closed, or whose child care provider is unavailable, due to COVID-19 precautions. Employees who seek leave for this reason also must complete Attachment A.

***NOTE:** All employees who seek leave because of their own COVID-19 diagnosis (Confirmed Positive) will be required to provide a copy of the positive test or other medical documentation confirming the diagnosis. Any employee who seeks leave for symptoms of COVID-19 but who does not test positive will be expected to provide documentation confirming that they sought a medical diagnosis (such as a negative test).

Employees who seek leave because of exposure to someone who has been diagnosed with COVID-19 (Close Contact) will be expected to identify the person with the positive diagnosis, all circumstances of the potential exposure (including date, length of duration, manner of potential exposure, etc.), and a copy of the positive test or other medical documentation confirming the diagnosis of the person to whom the employee claims exposure.

Any employee requesting leave for condition no. 5 will be expected to provide a copy of sufficient documentation confirming the school or daycare closure or unavailability of the child care provider. Suitable documentation can include a school e-mail notice or school website announcement of the closure.

The University of Montevallo reserves the right to request any additional information or documentation that it deems necessary to determine the employee's eligibility for paid leave.

The University reserves the right to modify or alter the above information and/or documentation requirements as may be necessary, practical, and/or appropriate under the circumstances.

III. CERTIFICATION

I certify, represent, and confirm that all information in this request for FFCRA leave, including any information in Attachment A, is true and complete. **I agree and acknowledge that in the event I provide any false information or make any misrepresentations or omissions in this request, any follow-up communications about it, or in any other documents or materials that I provide to support the request may result in disciplinary action being taken against me, up to and including termination of employment.**

I further acknowledge and understand that any child care-related leave that I may take will be counted as FMLA leave towards the FMLA's 12-week leave limit (or 26-week limit for leave to care for certain servicemember family members with a serious injury or illness) in a 12-month period.

Employee's Signature
Date: _____

ATTACHMENT A

**TO BE COMPLETED FOR EMPLOYEES WHO ARE REQUESTING LEAVE
TO CARE FOR THEIR CHILD/CHILDREN DUE TO COVID-19 SCHOOL**

I. Children for whom you will be caring:

	Name of Child	Age	Name of School or Child Care Provider
1.			
2.			
3.			
4.			

II. Employee Certifications:

A. Sole Provider Certification

I certify and affirmatively represent that no other suitable person, including my child's other parent, is available to provide care for the child/children described in Part I above during the period for which I am requesting child care-related leave.

Employee Signature

B. Special Circumstances Requiring Leave to Care for a Child Older than 18

For any child over 18 years of age listed in Part I above, I certify and affirmatively represent that the following special circumstances exist that require me to provide care to such child/children.

(Please attach an additional sheet if necessary)

Employee Signature