

**Documentation Needed for Leave under the
Families First Coronavirus Response Act**

Responses 1-4 are to be completed by every employee prior to taking paid sick leave under the Emergency Paid Sick Leave Act or Expanded Family and Medical Leave Act:

(1) Employee's name:

(2) Date(s) for which leave is requested:

(3) Qualifying reason for the leave:

(4) Statement that the employee is unable to work because of the qualifying reason:

Additionally, if an employee is seeking paid sick leave because the employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, the employee must provide a response to the following:

(5) Name of the government entity that issued the quarantine or isolation order to which the employee is subject, if that is the reason for paid sick leave:

Additionally, if an employee is seeking paid sick leave because the employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, the employee must provide a response to the following:

(6) Name of the health care advisor who advised the employee to self-quarantine due to concerns related to COVID-19:

Additionally, if an employee is seeking paid sick leave because the employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis from a health care provider, the employee must respond to one of the following:

(7) The name of the government entity that issued the Quarantine or Isolation Order to which the individual being care for is subject; or

(8) The name of the health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19.

Additionally, an employee must respond to the following if the employee is seeking paid sick leave under Expanded Family and Medical Leave or because the employee is caring for his or her son or daughter whose school or place of care has been closed for a period of time, whether by order of a State or local official or authority or at the decision of the individual school or place of care, or the child care provider of such son or daughter is unavailable, for reasons related to COVID-19:

(9) The name of the son or daughter being cared for;

(10) The name of the school, place of care, or childcare provider that has closed or become unavailable; and

(11) A representation that no other suitable person will be caring for the son or daughter during the period for which the employee takes paid sick leave or Expanded Family and Medical Leave.