

APPLICATION FOR LEAVE OF ABSENCE UNDER THE AMERICAN
RESCUE PLAN ACT

PAID FAMILY LEAVE (up to 10 additional weeks)

EMPLOYEE

Employee Name _____ SSN _____

Client Company _____ Title _____

Home Phone _____

Requested Beginning Date (MM/DD/YYYY) _____/_____/_____

Anticipated Return Date (MM/DD/YYYY) _____/_____/_____

Reason Requesting Leave (select only one)

- (1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- (2) has been advised by a health care provider to self-quarantine related to COVID-19
- (3) is experiencing COVID-19 symptoms and is seeking a medical diagnosis or obtaining vaccination
- (4) is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- (5) is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19
- (6) is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

Employee Signature _____ Date _____

EMPLOYER

Does the company have fewer than 500 employees? Yes No – company is not eligible for FFCRA

Does the company have fewer than 50 employees? Yes – may qualify for exemption No

Is the employee a health care provider or emergency responder? Yes – company may elect to exclude No

Has the employee been employed for at least 30 days? Yes No – employee is not eligible for additional leave

Employer Name (printed) _____

Employer Signature _____ Date _____

Duration of Leave:

For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Calculation of Pay:

For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).