

Application for Paid Sick Leave Under Families First Coronavirus Response Act (FFCRA)
RETURN by email to kkeyte@norwalk.iowa.gov or fax 515.981.0933 with required documents

Employee Name: _____ Phone #: _____

Department: _____ Position: _____

Reason for request:

	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 who is subject to a federal, state or local quarantine or isolation order related to COVID-19, or who has been advised by a health care provider to self-quarantine.
	5 – I am caring for my minor child, under age 18, because their school or place of care is closed, or the child’s care provider is unavailable, because of COVID-19
	6 – I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services (HHS).

Full time employees, please list the 2 consecutive weeks (up to 80 hours) you are requesting for reasons 1-4 & 6 or the intermittent leave requesting for reason 5.

Part time employees, please list your scheduled hours over the 2 weeks you are requesting.

These do not need to be calendar weeks. In the boxes below, list specific dates and hours scheduled:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

 Name of health care provider, if applicable

 Name of School, if applicable

My signature below acknowledges that:

- I have attached or cited the federal, state or local isolation order, appropriate documentation from my health care provider, or your families health care provider, child care provider document stating they are closed for reasons related to COVID-19 or other applicable documents;
- I understand that if I requested paid leave for any of the above 6 reasons, I will receive my full regular rate of pay (up to 80 hours total);
- I have reviewed the [Families First Coronavirus Response Policy](#) and attached a signed copy;
- I understand, if approved, I will be responsible for completing a timesheet while on paid leave;
- I understand that I will receive final written approval from Human Resources after this application is reviewed.

Employee Signature

Date

Application for **Family and Medical Expansion Paid Leave**
Under Families First Coronavirus Response Act (FFCRA)

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5 – I am caring for my minor child, under age 18, because their school or place of care is closed, or the child’s care provider is unavailable, because of COVID-19

Name of School, if applicable

Name of child care provider, if applicable

Please list the approximate dates you are requesting off (up to a maximum of 10 weeks):

_____/_____/_____ to ____/____/_____

My signature below acknowledges that:

- I have attached the child care provider document stating they are closed for reasons related to COVID-19;
- My child is a minor under the age of 18;
- My child attends a child care or K-12 school that is currently closed;
- I understand that under this paid leave (weeks 3 through 12), I will be paid 2/3 my regular rate of pay up to a maximum of \$200 per day;
- I have reviewed the Families First Coronavirus Response Policy and attached a signed copy;
- I understand, if approved, I will be responsible for completing a paper time sheet while on paid leave;
- I understand that I will receive final approval from Human Resources after this application is reviewed.

Employee Signature

Date