Emergency Family and Medical Leave Expansion Request

Name(Print): __________________________________________
Email Address:________________________________________ Phone Number:____________________
Phone Number:________________________________________ Supervisor:____________________

An Employee may be eligible for Emergency Family Medical Leave or Emergency Sick Leave under the Families First Coronavirus Response Act (FFCRA) if they are unable to work or unable to telework due to specific reasons associated with the COVID-19. In order to determine your eligibility under the Act, please check any applicable reasons:

1. ______ I am subjected 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;
   First day of self-quarantine: __________________________

3. ______ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis;
   Date of Appointment: __________________________

4. ______ I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);

5. ______ I am caring for my child (under the age of 18) whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; *

6. ______ I am experiencing any other substantially similar condition specified by the U.S Department of Health and Human Services; *

* An employee may be eligible for Emergency Family Medical Leave

By signing below, I verify that the information provided on this form and on any attached sheet(s) is correct.

Employee Signature ___________________________ Date: ___________________

THIS FORM MUST BE RETURNED TO HUMAN RESOURCES AT benefits@ysu.edu by: ____________

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For Human Resources Use Only:

Employee IS IS NOT Eligible for Emergency Family Medical Leave
IS IS NOT Eligible for Emergency Paid Sick Leave

If employee IS NOT eligible, briefly explain why: __________________________

If employee IS eligible, date leave began/will begin: __________________________