



Brighton Central School District
Human Resource Office
2035 Monroe Avenue
Rochester NY 14618
(585) 242-5200
(585) 242-5235

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) REQUEST FORM

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN TO THE HUMAN RESOURCES
DEPARTMENT, ATTN: LISA HARTMAN

I. Employee Name: _____

Date(s) for which leave is requested: _____

II. FFCRA QUALIFYING REASON FOR LEAVE

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

- 1. I am subject to Federal, State or local quarantine or isolation order related to COVID-19. - 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. Name and title of health care provider - _____ -- _____
- 3. I am experiencing COVID-19 symptoms and I am seeking medical diagnosis.
- 4. I am/will be taking care of someone who (a) is subject to Federal, State or local quarantine or isolation order; or (b) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Name of individual for whom I am providing care: _____
Relationship of individual to me: _____
If applicable, name of governmental entity that issued the quarantine or isolation order: _____
If applicable, name of 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 childcare provider is unavailable, due to COVID-19 precautions. Employees who need leave for this reason must complete Attachment A.

- 6. I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor. Describe the applicable condition: _____

III. CERTIFICATION I certify that all information in this request for FFCRA leave, including any supporting documentation and information in Attachment A, is true and complete. I further acknowledge and understand that, to the extent permitted by applicable law, any childcare related leave will be counted as FMLA leave towards the FMLA's 12 week leave limit in a 12-month period.

Employee Signature

Date

ATTACHMENT A

ADDITIONAL REQUIREMENTS FOR EMPLOYEES WHO NEED LEAVE TO CARE FOR THEIR CHILD/CHILDREN

A. Names/Ages of Your Child/Children for Whom You Will Be Caring

	Name of Child	Age	Names of School, Place of Care, or Childcare Provider
1.			
2.			
3.			
4.			

B. Certifications

1. **Sole Provider Certification**

I certify that no other suitable person is available to care for my child during the child care related leave; and, that I will be providing care for the child/children described in Part A above during the period for which I am requesting child care related leave.

Employee Signature

Date