

Request for FFCRA Leave Due to COVID-19

Families First Coronavirus Response Act (FFCRA)

ECU Department of Human Resources-Benefits

210 East 1st Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Fax: 252-328-9918

I. EMPLOYEE DATA						
Employee Name:			Banner ID:			
Divison:			Department:			
Supervisor:			Kronos Super Adm	nin:		
Home Address:			Personal Phone:			
			Email Address: *Approval is sent by emails			
II. QUALIFYING LEAVE REQUEST REASON						
An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because of a qualifying reason. Please select the qualifying reason for which you are seeking leave:						
1) I'm subject to a Federal, State, or local quarantine or isolation order related to COVID-19,						
Name of Government Entity that Issued Isolation/Order:						
2) I have been advised by a health care provider to self-quarantine related to COVID-19,						
Name of Health Care Provider that Advised Isolation:						
3) I'm experiencing COVID-19 symptoms and seeking a medical diagnosis,						
I understand that in order to qualify for FFCRA Leave under this condition I must be seeking a medical diagnosis.						
4) I'm caring for an individual subject to an order described in (1) or self-quarantine as described in (2),						
Name of Individual: Relationship of Individual to you:						
Name of Government Entity or Health Care Provider that Issued Isolation/Order:						
5) I'm caring for my child whose school or place of care is closed (or child provider is unavailable) due to COVID-19 related reasons, or						
Name of Child(ren): Name of School or Childcare Provider:						
I confirm that no other suitable person is available to care for my child(ren) during the period of requested leave. III. REQUESTED LEAVE SCHEDULE AND SUPPLEMENTAL LEAVE COVERAGE						
Requested Start Date:		Anticipated Return Date		or Unknown		
1) If you are requesting leave for reason #4 or #5 above, do you plan to use accrued leave to supplement the partially paid FFCRA leave? Yes No						
If yes, please indicate the requested leave leave type(s): Comp OT Sick Vacation Bonus Vacation Special Annual Bonus						
ii yes, piease iliuicate t	ine requested leave leave typi	Special Bonus	Faculty Serious Illr	·	13	
2) If you are requesting leave for reason #5 above, are you requesting leave on a part-time or intermittent (as needed) basis? Yes No						
If yes, please provide the expected frequency and duration of absences:						
IV. EMPLOYEE CERTIFICATION AND SIGNATURE						
By signing below, I acknowledge the information provided above is accurate. I confirm that I am unable to work (including unable to telework) for the						
•	nderstand that any falsificati	on of information may lea	d to appropriate adm	ninistrative action, up to and including dism	nissal.	
Employee's Signature:				Date:		
V. SUPERVISOR ACKNOWLEDGEMENT						
Supervisor's Signature:				Date:		
Submit the completed request form to the HR Benefits Office by email to AdminLeaveRequests@ecu.edu for processing.						
VI. FOR HR OFFICE USE ONLY						
Date of Hire:	Date of Hire: 30-day Employment Requirement (for EFMLEA requests only)					
FFCRA/FMLA Leave:	Ammonia					
	Approved	Denied EPSLA	EFMLEA			