CALIFORNIA STATE UNIVERSITY FULLERTON
HUMAN RESOURCES, DIVERSITY & INCLUSION

Request for Emergency Paid Sick Leave/Emergency FML Expansion

Families First Coronavirus Response Act (FFCRA)

Employee Name:		**Employee CWID:**
Job Title:	**Division/Department:**	
Classification:	**Full-Time:** ☐ **Part-Time:** ☐	**Exempt:** ☐ **Non-Exempt:** ☐
Supervisor Name:	**Supervisor email/Ext.:**	

PERMISSIBLE USE OF LEAVE

Select at least one (1)	Qualifying Reasons to Use Emergency Paid Sick Leave or Emergency FML Expansion under FFCRA if I am unable to work (or telework)
☐	1. I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working. Name of the government entity issuing the order: _____
☐	2. I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19. Name of the advising healthcare provider: _____
☐	3. I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.
☐	4. I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19. Name of person I am caring for: _____Relationship: _____ Name of the government entity issuing the order: _____ *OR* Name of the advising healthcare provider: _____
☐	5. I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** Name(s) and age(s) of child(ren): Name of closed school(s) or place(s) of care: ☐ I have been employed for at least 30 days.

Request for Dates of Emergency Paid Sick Leave or Emergency FML Expansion under FFCRA

Month	Dates Requested (Additional detail may be attached to this form. Exempt employees must use time in full day increments if not covered under FML.)	Total Number of Hours Requested	Total Number of Hours Used Prior to this Request under FFCRA	Total Number of Hours Remaining in Allotment
	Total Hours			

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To the best of my knowledge and belief, I certify that the facts stated are accurate. I understand I may be asked to substantiate the reason for the leave in accordance with the federal or state law, current Collective Bargaining Agreements and/or CSU Policies. Where Federal law is in conflict with current Collective Bargaining Agreements and/or CSU Polices, Federal law prevails. I understand that dishonesty is grounds for discipline.

Employee Name: _____ Signature: _____ Date:_____

Once you have signed, please email form to the Appropriate Administrator.

I acknowledge the employee's request for FFCRA paid leave as indicated above.

Appropriate Administrator Name: _____ Signature: _____Date: _____

NOTE: HUMAN RESOURCES SHOULD BE CONSULTED PRIOR TO ANY APPROVAL/DENIAL BEING COMMUNICATED TO THE EMPLOYEE.

Once the Appropriate Administrator has signed, please email the form to Griselda Marquez at grgmarquez@fullerton.edu .

HRDI Designee Office Approval of Qualifying Reason for Time Requested, Type of Paid Leave Requested and Length of Time Requested

☐ Employee is eligible for up to 80 hours of paid sick leave (prorated for part-time employees). Leave time is paid at the employee's regular rate of pay.

☐ Employee is eligible for up to 12 weeks of expanded FMLA leave, under reason 5. The first 10 days may be unpaid or employee may use accrued paid leave or FFCRA emergency sick leave. Remaining leave time after the first 10 days is at the employee's regular rate of pay.

HRDI Designee Name: _____ Signature:_____ Date:_____