



# CITY OF FORT DODGE HUMAN RESOURCES

819 1<sup>st</sup> Avenue South • Fort Dodge, Iowa 50501

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## REQUEST FOR PAID SICK LEAVE UNDER FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Return via email to [fdhr@fortdodgeiowa.org](mailto:fdhr@fortdodgeiowa.org) or by fax (515) 576-2301 with appropriate documentation.

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date of Leave: \_\_\_\_\_ End Date of Leave: \_\_\_\_\_

### 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 a family member whose school or place of care is closed, or the 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).

My signature below acknowledges that:

- I have attached appropriate documentation to support my request for leave under FFCRA;
- I understand that, for reasons 1 through 3, I will receive my full regular rate of pay (up to 80 hours total) up to a maximum of \$511.00 per day;
- I understand that, for reasons 4 through 6, I will be paid 2/3 my regular rate of pay up to a maximum of \$200 per day; and
- I understand that, for reasons 4 through 6, I have the option to substitute other paid leave as applicable to cover 1/3 of wages during this period, to provide full, regular wages.
- I understand that I will receive final approval from Human Resources after this application is reviewed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date