

Application for Leave under the Families First Coronavirus Response Act/Emergency Family and Medical Leave and Emergency Paid Sick Leave

Employee Name:	Work and Home Telephone Numbers:
BlazerID:	Department:

I am making this application for leave under the Families First Coronavirus Response Act for:

Emergency Family and Medical Leave	
Care for a son or daughter if the child’s school or place of childcare has been closed or is unavailable due to due to COVID-19 related reasons. ¹	
Emergency Paid Sick Leave for self :	Emergency Paid Sick Leave for a family member :
I am subject to a federal, state or local quarantine or isolation order related to COVID-19 ¹	I am caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19 ¹
I have been advised by a health care provider to self-quarantine because of COVID-19 ²	I am caring for an individual that has been advised by a health care provider to self-quarantine related to COVID-19 ²
I am experiencing symptoms of COVID-19 and seeking a medical diagnosis ²	I am caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 related reasons ¹
I am experiencing substantially similar conditions as specified by the Secretary of Department of Health and Human Services ²	

1, 2 indicate supporting documentation needed – refer to Page 2

Period of leave:			
From date:		To date:	
<p>Acknowledgement: I understand that my leave will not be approved until UAB Leave Coordinators receive all supporting documentation (where applicable) requested from me. I hereby certify that this information is true and correct. Further, as an employee of UAB, I understand that falsification of information on this leave request form or supporting documentation may lead to disciplinary action, up to and including discharge from employment.</p>			
Employee signature:		Application date:	
Immediate supervisor name:	Immediate supervisor signature:	Application status:	
		Approved	
		Disapproved	

Submit this form to leave@uab.edu for next steps

NOTE: In response to the Families First Coronavirus Response Act effective April 1, 2020, this form is to be used by eligible employees affected by the COVID-19 pandemic to request leave under the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave Act. For other qualifying leave under the Family and Medical Leave Act (FMLA), or any other leaves, please refer to the UAB Leave of Absence [website](#).

Supporting Documentation Needed

Refer to the type of leave requested on page 1 to determine which supporting documentation is required.

1	REQUIRED FOR:
	<p><i>I am subject to federal, state or local quarantine or isolation order related to COVID-19</i> OR <i>I am caring for an individual subject to a Federal, State, or local quarantine or isolation order related to COVID-19</i> OR <i>I am caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 related reasons.</i></p>
Please explain below why telework is not an option.	
Please complete the following fields:	
<i>Child's name:</i>	
<i>Child's age:</i>	
<i>Relationship to child:</i>	
<i>School/Daycare Name:</i>	
Please provide any documentation indicating school/daycare closures for your son or daughter or mandated quarantine or isolation order related to COVID-19.	

2	REQUIRED FOR:
	<p><i>I have been advised by a health care provider to self-quarantine because of COVID-19</i> OR <i>I am experiencing symptoms of COVID-19 and seeking a medical diagnosis</i> OR <i>I am experiencing substantially similar conditions as specified by the Secretary of Department of Health and Human Services</i> OR <i>I am caring for an individual that has been advised by a health care provider to self-quarantine related to COVID-19</i></p>
Please provide medical documentation from the employee's healthcare provider or provide documentation designating the employee as a qualified caregiver due to COVID-19. Email documentation to UAB Employee Health at MedLeaveDocs@uabmc.edu.	