

Families First Coronavirus Response Act (FFCRA)

Leave Request Documentation

Employee Name				
Phone Number		Email:		
Duty Location	Date Leave Begins	Leave Start Time	Date Leave End	Leave End Time
COVID-19 Qualifying Reason and Code:				
I am unable to work or telework because of COVID-19 because:				
The healthcare provider or other authority that ordered me, or the individual I care for, to isolate or quarantine during this period is:				
Mark the boxes of the following items as they apply to your situation:				
I Concur	N/A	I concur that no other suitable person is available to care for my child during the period of requested leave.		
I Concur	N/A	I concur that my child is over age 14 and I need to stay home to care for my child under the "special circumstances" addressed in 26 CFR 570.2.		
I Concur		I have read the FFCRA policy and understand my maximum daily rate of pay allowed under FFCRA based on my reason for the use of leave.		
I Concur		I understand that if DFAS determines that my civilian rate of pay is more than the allowable maximum rate for FFCRA based on my reason code, I will incur a debt that will not be waived.		
I Concur		I voluntarily elect to use this leave knowing I may incur a debt.		
Employees must sign their requests. Supervisors will store approved requests IAW USP&FO or Wing CSR recordkeeping policies		Employee Signature	Date	
Approving Official is the first O-6 or GS-14 in the employee's chain of command.				
Approving Official Name		Signature	Date	

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