



FLORIDA STATE UNIVERSITY  
 OFFICE OF HUMAN RESOURCES  
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## EMERGENCY PAID SICK LEAVE

### Families First Coronavirus Response Act (FFCRA)

Employees who are unable to report to work or perform duties remotely may be granted paid sick leave under the Families First Coronavirus Response Act for certain qualifying reasons. FSU is to provide full-time employees with up to 80 hours of paid sick leave, and part-time employees with paid sick leave based on their normal average bi-weekly hours. These payments may be capped at two-thirds (2/3) and/or subject to a daily maximum. Please submit completed forms to [HR-AttendanceLeave@fsu.edu](mailto:HR-AttendanceLeave@fsu.edu)

Employee Name (Last, First, MI): \_\_\_\_\_ EMPL ID: \_\_\_\_\_ Rcd #: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Department Rep: \_\_\_\_\_

**Select qualifying reason:**

*Full Payment subject to a daily maximum:*

- Federal, state, or local ordered quarantine or isolation related to COVID-19
- Medically advised quarantine or isolation related to COVID-19 (attach medical documentation)
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis (attach medical documentation)

*Two-Thirds payment subject to a daily maximum:*

- Providing care for someone who is subject to a federal, state, or local order to quarantine or isolate  
 Name of Government Entity: \_\_\_\_\_
- Providing care for someone who is medically advised to quarantine or isolate (attach medical documentation)
- Caring for a son or daughter whose school or place of care is unavailable due to COVID-19 (attach FFCRA School/Childcare Certification Form)

**Duties relating to my job/position can be performed remotely:**  Yes (fill out below information)  No

- Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_
- I can perform \_\_\_\_\_% of my duties from a remote location.

**I acknowledge that the above information is true, and that any falsification of any information may be subject to disciplinary action.**

Employee Signature	Date	Supervisors Signature	Date
Dean/Director/Department Head Name (Print)		Dean/Director/Department Head Signature	Date