



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: (850) 644-9641
Hr-attendanceleave@fsu.edu

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

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)

Effective Date of Request: _____

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 information may be subject to disciplinary action.

Please ensure the appropriate approval signatures below are complete on the form *prior* to submission to HR.

In order to ensure timely accrual of eligible leave hours, the completed form MUST be submitted to HR at least two weeks prior to the paycheck date in which leave is being requested.

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