

**KANSAS STATE UNIVERSITY**  
**Families First Coronavirus Response Act (FFCRA) Leave Request Form**

The Families First Coronavirus Response Act (FFCRA) provides eligible employees with paid sick time and in some cases expanded family leave for reasons related to COVID-19. Please visit <https://www.k-state.edu/hcs/work-life/time-off/leave.html> for additional information regarding leave available under FFCRA. All leave policies are available in Chapter 4860 of the policy and procedures manual online: <https://www.k-state.edu/policies/ppm/4800/4860.html>

**Instructions:**

Complete this form to request leave under the Families First Coronavirus Response Act (FFCRA). Only use this form if you are requesting leave for one of the reasons listed below relating to COVID-19. Leave requests for any other reason should be requested as per your department’s standard procedures.

**Return the completed form and appropriate documentation to your department HCS Liaison for processing.** Contact your supervisor for instructions on how to submit the form to your department HCS Liaison. Your department HCS Liaison or timekeeper can provide you with additional instructions for reporting approved leave time for payroll purposes.

Please visit <https://www.k-state.edu/hcs/work-life/time-off/leave.html> for additional information regarding leave available under FFCRA.

Employee and Department Information	
Employee Name:	Employee ID:
Employee K-State E-mail: Employee Best Contact Phone:	Hire Date:
Supervisor:	Department Name: Department Number:

Leave Request Details (check all that apply)
<input type="checkbox"/> Quarantined by a Federal, State, or local quarantine or isolation order related to COVID-19 Order issued by: _____
<input type="checkbox"/> Advised by a health care provider to self-quarantine related to COVID-19 Advised by: _____
<input type="checkbox"/> Experiencing COVID-19 symptoms and seeking a medical diagnosis
<input type="checkbox"/> Caring for an individual quarantined by a Federal, State, or local quarantine or isolation order related to COVID-19 Order issued by: _____
<input type="checkbox"/> Caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 Advised by: _____
<input type="checkbox"/> Caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19
<input type="checkbox"/> Experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

Dates of Requested Leave
List dates of requested leave. If total amount of time is currently unknown, list estimated first day of leave:

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Kansas State University to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, separation of employment. I understand that I should still follow all department policies, including call-out procedures.

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

\_\_\_\_\_  
Date