

Employee acknowledgement of claim under FFCRA

The undersigned hereby acknowledges to Employer that he/she is an employee who is eligible to participate in the benefits provided by the Families First Coronavirus Response Act ("FFCRA"). Employee affirms, under civil and criminal penalties for making a false claim, that employee is unable to report to work at his/her normal duties, or to telework or work remotely for one or more of the following reasons which will be identified by the employee by marking in the appropriate space:

- \_\_\_\_ 1. I am subject to an order of quarantine issued by a governmental agency;
- \_\_\_\_ 2. I have been advised by a health care professional to self-quarantine as a result of my exposure to COVID-19;
- \_\_\_\_ 3. I am experiencing symptom which are recognized to be symptoms or COVID-19 **and** I am seeking a medical diagnosis;
- \_\_\_\_ 4. I am currently providing care for an individual who is subject to an order of quarantine or is required to self-quarantine;
- \_\_\_\_ 5. I am caring for a minor child whose school or place of care is closed or unavailable for reasons related to COVID-19;
- \_\_\_\_ 6. I am experiencing a circumstance proscribed by the Department of Health and Human Services and the Department of Labor which constitute a basis for coverage under this act.

The date my eligibility for these benefits began is \_\_\_\_\_, 2020.

I am obligated to return to my regular duties when the circumstances appearing above have ceased to be applicable to me.

Dated this \_\_\_ of \_\_\_\_\_, 2020

\_\_\_\_\_  
Employee

Employer Name

By: \_\_\_\_\_

