

Emergency Paid Sick Leave and Emergency FMLEA Employer Form

If you have approved a qualified employee for Emergency Paid Sick Leave or Emergency FMLEA, complete this form and email it to apd.cdc.documents@apdcares.org or fax to: 888-329-2731, attn.: Tammy Ferrell

Employer Information:

Employer (Consumer) Name:	
Consumer's CDC+ ID Number:	Date:

Employee Information:

Employee Name:	
Leave Start Date:	Leave End Date:
Total Hours Approved Emergency Paid Sick Leave:	Total Hours Approved Emergency FMLA (for childcare need only):

EMPLOYEE MEETS THE FOLLOWING CRITERIA FOR EMERGENCY LEAVE:

- ☐ Is subject to a federal, state, or local quarantine or isolation order related to COVID-19 that specifically prevents them from working.
- ☐ Has been advised by a health care provider to self-quarantine because of concerns related to COVID-19.
- ☐ Has symptoms of COVID-19 and is seeking (or has sought) a diagnosis.
- ☐ Is caring for another individual who is subject to quarantine or has been advised by a health care provider to self-quarantine due to COVID-19.
- ☐ Needs to care for child(ren) because their school or childcare provider is closed or unavailable because of COVID-19. Employee certifies that no other suitable person is available to care for the child(ren) during the period of requested leave. If the child is over 14, the employee further certifies that there are special circumstances that require employee's care for them.
- ☐ Is experiencing other conditions substantially similar to COVID-19 as specified by the Florida Department of Health.

For Employer:

- ☐ Approving this leave request will not jeopardize the viability of the business (care received).

I certify that the employee has submitted the needed Emergency Leave Request form and the request is approved. No timesheets will be submitted for the employee during the time indicated. Emergency FMLEA will be paid at a rate of two-thirds the employee's regular rate of pay.

Consumer/Representative Signature/Date: _____