



➤ When completed, email this form to vbrunet@rwr.com.

Request for Paid Sick Leave under FFCRA

I, _____, am requesting Paid Sick Leave as covered
(Name of employee)

by the Families First Coronavirus Response Act (FFCRA) for the following reason:

Please describe in detail why you are requesting this leave in the space below. You must include the beginning date and estimated ending date of the leave requested:

By signing below, I certify that the information above is true and accurate to the best of my knowledge. I also understand that Richard Wayne & Roberts will require documentation to support my claim above. For examples of acceptable documentation, see page 2 of this document.

Signature of employee

Date requested

Examples of Documentation to Qualify for Paid Sick Leave under FFCRA

Acceptable documents include:

- A copy of the federal, state, or local quarantine or isolation order;
- Written documentation from a health care provider advising the worker to self-quarantine due to COVID-19 related concerns;
- A notice that has been posted on a government, school, or day care website, or published in a newspaper;
- Or an email from an employee or official of the school, place of care, or child care provider.