Town of Dedham
FFCRA Eligibility Determination Employee Request Form

Employee's Full Name:	
Department/Work Location:	
Email:	
In an effort to serve you in the best possible way due to COVID-19, all responses will go to the email you provide on this form.	
Best Phone Number to Reach You:	
I hereby request leave for the following reason: *(please select one)*	
◉ 1. Due to my own Federal, State, or local quarantine or isolation order related to COVID-19.	
○ 2. I have been advised by a health care provider, and/or local Board of Health or public health department, to self-quarantine due to concerns related to COVID-19.	
○ 3. I am experiencing symptoms for COVID-19 and seeking a medical diagnosis.	
○ 4. To care for someone who is subject to one of the orders as described in #1 or #2 above.	
○ 5. I am caring for my son or daughter whose school or place of care has been closed, or childcare is unavailable, due to COVID-19 precautions.	
○ 6. I am experiencing another substantially similar condition, as explained below (such condition must be approved by the US Dept of Health & Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor to qualify).	
In order to assist you most effectively, please further describe your need for leave:	
Date leave is expected to begin:	
Date leave is expected to end:	
If unknown, please feel free to leave blank. You may be eligible for up to 12 weeks job protected leave depending on the nature of your request.	
When submitting this form, please attach any documentation that you have supporting your need for leave. *Documentation includes quarantine or isolation orders, 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.*	
I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that the misrepresentation of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge. I authorize my employer to obtain medical or other information to support my request for leave.	
Employee Signature:	
Date:	

Questions should be directed to Lauren Bailey, HR Director: LBailey@Dedham-MA.gov; 781-751-9142