

**Please Note: The federal Families First Coronavirus Response Act (FFCRA) and corresponding Division of Personnel (DOP) policy are set to expire December 31, 2020. Any reference to the Act or policy in the material below will not be applicable to events occurring on or after January 1, 2021. However, employees may still be entitled to leave under the federal Family and Medical Leave Act, West Virginia Parental Leave Act, and/or the DOP Administrative Rule (143CSR1).**



**STATE OF WEST VIRGINIA  
APPLICATION FOR LEAVE UNDER THE  
FEDERAL FAMILIES FIRST CORONAVIRUS RESPONSE  
ACT/EMERGENCY FAMILY AND MEDICAL LEAVE  
and EMERGENCY PAID SICK LEAVE**

**(Note: Employee must be employed for 30 calendar days to be eligible for Emergency Family and Medical Leave)**

<b>EMPLOYEE NAME:</b>	<b>WORK AND HOME TELEPHONE NUMBERS:</b>
<b>EMPLOYEE ADDRESS:</b> (Street Address, City and Zip Code):	
<b>AGENCY:</b>	<b>SECTION:</b>
<b>I AM MAKING APPLICATION FOR LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT FOR:</b>	
<input type="checkbox"/> <b>I AM UNABLE TO WORK OR TELEWORK</b>	
<b><u>EMERGENCY FAMILY AND MEDICAL LEAVE</u></b>	
<input type="checkbox"/> Care for a minor child if the child’s school or place of child-care has been closed or is unavailable due to a public health emergency	
1. Name and Age of Child (print) _____ Name of school, place of child care, or child care provider _____ School/Provider Phone Number: _____	
2. Name and Age of Child (print) _____ Name of school, place of child care, or child care provider _____ School/Provider Phone Number: _____	
3. Name and Age of Child (print) _____ Name of school, place of child care, or child care provider _____ School/Provider Phone Number: _____	
<i>*Please note information for additional children on a separate document and include with submission of this form.</i>	
<input type="checkbox"/> <b>Select if applicable:</b> Special circumstances exist that require that I provide care for an adult child older than eighteen.	
I affirm that no other person is available to care for the child/ren during the period of requested leave:	
_____ Employee Signature	
<b>I AM REQUESTING THE LEAVE BE PAID AND/OR UNPAID AS FOLLOWS:</b>	
_____ <b>Hours Paid</b> (annual)    _____ <b>Hours Paid</b> (sick)    _____ <b>Hours Paid</b> (emergency sick leave)    _____ <b>Hours Unpaid</b>	
<b>NOTE:</b> Eligible employees shall be granted unpaid leave or may take accrued leave, or up to 80 hours of paid emergency sick leave during the first ten (10) days of leave.	



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**EMERGENCY PAID SICK LEAVE:**

**SELF**

I AM subject to federal, state or local quarantine or isolation order related to COVID- 19

Government entity that issued quarantine or isolation: \_\_\_\_\_

I HAVE been advised by a health care provider to self-quarantine because of COVID-19

Health Care provider who advised to self quarantine: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

I AM experiencing symptoms of COVID-19 and seeking a medical diagnosis

**NOTE:** Full-time employees who are unable to work or telework are eligible for up to eighty (80) hours of paid sick leave at their regular rate of pay.

**FAMILY MEMBER**

I AM caring for an individual subject or advised to quarantine or isolation

Government entity that issued quarantine or isolation: \_\_\_\_\_

I AM caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions

1. Name and Age of Child (print) \_\_\_\_\_  
Name of school, place of child care, or child care provider \_\_\_\_\_  
School/Provider Phone Number: \_\_\_\_\_
2. Name and Age of Child (print) \_\_\_\_\_  
Name of school, place of child care, or child care provider \_\_\_\_\_  
School/Provider Phone Number: \_\_\_\_\_
3. Name and Age of Child (print) \_\_\_\_\_  
Name of school, place of child care, or child care provider \_\_\_\_\_  
School/Provider Phone Number: \_\_\_\_\_

I AM experiencing substantially similar conditions as specified by the Secretary of Department of Health and Human Services

*\*Please note information for additional children on a separate document and include with submission of this form.*

**Select if applicable:** Special circumstances exist that require that I provide care for an adult child older than eighteen.

**I AM REQUESTING THE LEAVE BE PAID AND/OR UNPAID AS FOLLOWS:**

\_\_\_\_ **Hours Paid** (annual)    \_\_\_\_ **Hours Paid** (sick)    \_\_\_\_ **Hours Paid** (emergency sick leave)    \_\_\_\_ **Hours Unpaid**

**NOTE:** Full-time employees who are unable to work or telework are eligible for up to eighty (80) hours of paid sick leave at two-thirds (2/3) of the employee's regular rate or minimum wage, whichever is greater when caring for an immediate family member.



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ACT/EMERGENCY FAMILY AND MEDICAL LEAVE  
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<b>PERIOD OF LEAVE:</b>  <b>FROM Date:</b> _____ AM PM  <b>TO Date:</b> _____ AM PM	<b>TO BE TAKEN:</b>  Continuously  Intermittently
<b>EMPLOYEE SIGNATURE:</b>	<b>APPLICATION DATE:</b>
<b>IMMEDIATE SUPERVISOR SIGNATURE:</b>  Approved  Disapproved	<b>AGENCY AUTHORIZED SIGNATURE:</b>  Approved  Disapproved

**NOTE:** In response to the federal Families First Coronavirus Response Act effective April 1, 2020, and in accordance with the West Virginia Division of Personnel’s (DOP) *Families First Coronavirus Response Act Policy* (DOP L-25), the DOP L-4A form is to be used by eligible employees affected by the COVID-19 pandemic to request leave for paid or unpaid leave under the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave Act. These provisions of the Act will be effective April 1, 2020. **An agency is required to retain all documentation provided pursuant to 29 CFR § 826.100 for four years, regardless whether leave was granted or denied. If an employee provided oral statements to support his or her request for emergency paid sick leave or expanded family and medical leave, the agency is required to document and maintain such information in its records for four years.**

For other qualifying leave under the federal Family and Medical Leave Act (FMLA), State Parental Leave Acts, leaves provided by the Division of Personnel’s Administrative Rule W. VA. CODE R. §143-1-1 et seq., or any other leave afforded by state or federal laws, please see the current DOP L-1 through DOP L-12 forms.