



CLALLAM COUNTY
Human Resources Department
County Courthouse
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015
Phone: (360) 417-2242
Fax: (360) 417-2550

RICH SILL, DIRECTOR

Families First Coronavirus Response Act (FFCRA)

Documentation Requirements:

The IRS has issued guidance about what employers must do – please see below.

1. Employees must Request Leave in Writing which must include:
 - The employee’s name.
 - The date or dates for which leave is requested.
 - A statement of the COVID-19-related reason for which the employee is requesting leave and “written support for such reason.”
 - A statement that the employee is unable to work, including by means of telework, for such reason.

2. FFCRA leave Due to Quarantine or Isolation Order - Employee will need to provide a written statement with the following information:
 - The name of the government entity ordering quarantine (#1 below).
 - The name of the health care provider advising self-quarantine (#2 below).
 - If available, the medical provider’s “note” if they are seeking a medical diagnosis (#3 below).

Families First Coronavirus Response Act (FFCRA)

- #1 - is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;*
- #2 - has been advised by a health care provider to self-quarantine related to COVID-19;*
- #3 - is experiencing COVID-19 symptoms and is seeking a medical diagnosis*

3. FFCRA Leave for Child Care Obligations – Employee will need to provide a written statement with the following information:
 - The names and ages of all children to be cared for;
 - The name of the school that has closed (or place of care that is unavailable);
 - A representation “that no other person will be providing care for the child” during the period that leave is being requested.
 - NOTE: If any of the employee’s children to be cared for are older than 14, the employee’s statement must also include an attestation that “special circumstances exist requiring the employee to provide care.”

Leave REQUEST:	
Employee Name:	
Address:	
Telephone number:	
Personal Email Address:	



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Date(s) Leave Requested:	
Statement of the COVID-19-Related Reason:	
Statement that the employee is unable to work, including by means of telework, for such reason.	
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<i>Signature attesting the above statements to be true.</i>	

WRITTEN STATEMENT: (FFCRA LEAVE DUE TO QUARANTINE OR ISOLATION ORDER)	
Name of Government Entity Ordering Quarantine	
Name of Health Care Provider advising Self-Quarantine	
If available, provide medical provider's "note"	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
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<i>If applicable, employee must provide signature attesting the above statement to be true.</i>	

WRITTEN STATEMENT: (FFCRA LEAVE FOR CHILD CARE OBLIGATIONS)	
Names & Ages of ALL Children to be cared for:	
Name of the School that has closed (or place of care that is unavailable)	
Representation "that no other person will be providing care for the child" during the period that leave is being requested.	
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<i>If applicable, employee must provide signature attesting the above statement to be true.</i>	
If any of the employee's children to be cared for are older than 14, the employee's statement must also include an attestation that "special circumstances exist requiring the employee to provide care."	
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<i>If applicable, employee must provide signature attesting the above statement to be true.</i>	