



American Payroll and Benefits I, LLC
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COVID-19 NOTICE OF LEAVE QUALIFYING STATEMENT

Client Name: _____

Employee Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

I, _____, hereby give notice of leave under the Families First Coronavirus Response Act (FFCRA). By initialing **ONE OR MORE** of the following, I am certifying that I am eligible based on the qualifying scenario(s) selected:

EMPLOYEE MUST INITIAL EACH QUALIFYING REASON THEY ARE ELIGIBLE FOR

_____ 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;

_____ 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);

_____ 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or

_____ 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

I understand that additional documentation may be required of me, as applicable and allowed by Wage and Hour, Department of Labor, IRS, or other entity. Any person who knowingly and with intent to injure, defraud, or deceive any files, statement of claim, or an application containing any false, incomplete, or misleading information or conceal information pertinent as relevant to payments and monies under the FFCRA, may be found guilty and punished as provided under the law.

Employee Signature: _____ Date: _____