



FFCRA CHILD-SCHOOL LIST FORM
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

DIRECTIONS: Attach this completed form to the Request for FFCRA Leave Form (Form 2411/002) **IF** requesting FFCRA Leave due to caring for a son, daughter, or a legal dependent child whose school or place of care has been closed or whose child care provider is unavailable due to COVID-19 related reasons.

EMPLOYEE NAME: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S JOB TITLE: _____

Child's Name	Child's Age* <small>*For children over 14, describe special circumstances.</small>	School/Childcare Facility

I certify that I am the parent or legal guardian of the child/children listed above AND the child/children's school or place of care has been closed or child care provider is unavailable due to COVID-19 reasons.

Employee's Signature: _____ Date: _____