

STAVROS

CENTER FOR INDEPENDENT LIVING INC.

210 Old Farm Road
P.O. Box 2130
Amherst, MA 01004-2130

FFCRA DCW Payment Voucher

Please complete this form if you are requesting paid leave under the FFCRA.

Payroll Period From Sunday / / Through Saturday / /

DCW Name

Employer Name Employer Number

DCW Social Security Number (Last 4 digits only)

Employer check only if new address, telephone, or e-mail and attach change form.

DCW check only if new address, telephone, or e-mail and attach change form.

Codes: 1 - Adult Companion 2 - Chore Service 3 - Homemaker 4 - Individual Support and Community Habilitation 5 - Personal Care 6 - Peer Support

	Code	Sun	Code	Mon	Code	Tue	Code	Wed	Code	Thu	Code	Fri	Code	Sat	Weekly Total
Week 1															
Week 2															

**Each payroll period runs for 2 weeks. It always starts on a Sunday at 12:00 A.M. (not Noon) and runs through the second Saturday at 11:59 P.M. Please check your payroll schedule for dates and record the hours you were scheduled to work but instead are requesting Emergency Paid Sick Leave. Enter the weekly total amount in the boxes above. You do not need to record in and out times. Check with your Consumer if you have questions about the number of hours you were scheduled.*

Emergency Paid Sick Leave:

I would like to request Emergency Paid Sick Leave for the following reason (check the one that applies):

1. The subject to a Federal, State, or local quarantine or isolation order related to COVID-19
2. I have advised by a health care provider to self-quarantine related to COVID-19
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis

4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
5. I am caring for a child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
(Intermittent time available for reason 5 ONLY)
6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Service

Please note: A separate voucher needs to be submitted for each qualifying reason. For reasons 1, 2, 3, 4 and 6, you must use any Emergency Paid Sick Leave consecutively and cannot work for any consumer on the same day as when you use Emergency Paid Sick Leave for reasons 1, 2, 3, 4, or 6.

By signing below, I certify under pain and penalty of perjury that information supplied in this voucher is true.

DCW Signature:

Date: _____

P.O. Box 2130, Amherst, MA 01004-2130

Toll-Free Phone #: 1-800-442-1185

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www.stavrosfi.org

Toll-Free Fax #: 1-888-773-4281