

State of Connecticut Human Resources
CORE CT Coding
For
Families First Coronavirus Response Act (FFCRA or Act)
Emergency Paid Sick Leave and/or Emergency Family and Medical Leave
Effective April 1, 2020 through December 31, 2020

(To be completed by the Human Resources Office)

Form #: **FFCRA-HR2c**

Revision Date: 03/2020

This form is to be completed by Human Resources when the employee has been approved for paid leave under the federal EPSLA or EFMLEA. It should be given to the employee and the employee's supervisor and/or manager.

Employee Name: _____ Agency: _____ Date: _____

Employee ID Number: _____ Supervisor's Name: _____

The following is a description of the timeframes of your leave entitlement(s) and a list of the Core-CT codes to use during your leave.

You have been approved for:

____ **Federal EPSLA:**

____ **Intermittent** ____ **Reduced Schedule** ____ **Block Leave**

Dates: From _____ To _____

Description of Reduced Schedule and/or Anticipated Frequency and Duration of Intermittent Leave:

____ **Federal EFMLEA:**

____ **Intermittent** ____ **Reduced Schedule** ____ **Block Leave**

Dates: From _____ To _____

Description of Reduced Schedule and/or Anticipated Frequency and Duration of Intermittent Leave:
