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| Emergency Family Medical Leave Expansion Act  (April 1, 2020 to December 31, 2020) | | | | | |
| *REQUEST FORM* | | | | | |
| Employee Name: |  | | | | |
| Job title: | | Department: | | |  |
| Request leave start date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /2020 | | | | Hours Requested:[[1]](#footnote-1) | |
| My contact information during leave would be: | | | | | |
| Address: | | | Phone: | | Email: |

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| **Instructions** | |
| Check each of the options below that are appliable to you and, if applicable, provide any of the additional requested information. | |
|  | I have a one or more children under the age of eighteen (18) years of age. Their name(s) and age(s), and the contact information for their schools/child care providers are:   |  |  |  |  | | --- | --- | --- | --- | | Name | Age | School/Provider | School/Provider Phone | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
|  | My child’s school/child care provider is closed or otherwise unavailable to provide child care services due to a public health emergency or COVID-19 concerns.  *If your child(ren) attend a private school or private child care provider, you may be asked to submit proof of closure.* |
|  | I am unable to work due to the closure of my child(ren)’s school/child care provider. |
|  | I am unable to telework due to the school/child care provider closure. |
|  | I understand that, if approved, the first ten (10) days of leave will be unpaid. I understand that I may be eligible for paid leave under the Emergency Paid Leave Act at 2/3 of the greater of minimum wage or my regular rate, up to a maximum of $200/day during the first ten (10) days of leave and for the duration of my available FMLA leave balance.  Check one:  I DO or DO NOT: want to substitute my accrued paid leave (vacation, sick, personal, paid time off) for unpaid leave during the first ten (10) days of qualifying leave.  If electing substitution of accrued paid leave, I wish my accrued paid leave to be substituted \_\_\_\_\_\_ to the maximum extent possible, or, \_\_\_\_\_\_ as follows: |
|  | I understand that I may be entitled to other paid leave benefits under the Emergency Paid Sick Leave Act. Those benefits will be reviewed and calculated separately. |
|  | I understand that eligible leave is available between April 1, 2020 and December 31, 2020, or when the COVID-19 Public Health Emergency concludes. |

***I certify that I am unable to work (telework) due to the reason marked above. I understand that falsification of any information regarding this absence may be grounds for disciplinary action, including termination.***

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Up to 80 hours max for full-time employees. Leave may be taken incrementally (the entire period of available paid leave does not have to be taken at one time). [↑](#footnote-ref-1)