**Request for Expanded FMLA Leave (Coronavirus)**

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

See page two for documentation supporting the need for leave, which must be included with this request.

Employee Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting expanded FMLA leave due to my inability to work (or telework) because I must care for my child due to:

❏ The closing of my child’s school or place of care due to COVID-19

❏ The unavailability of my child’s regular child care provider due to COVID-19

And,

❏ I represent that no other suitable person is available to care for my child during the requested period of leave.

❏ I represent that special circumstances exist requiring my need for leave to care for a child ages 15-17.

I have attached appropriate documentation supporting my need for leave (see next page).

Employee Signature: Date:

Manager Signature: Date:

HR Department Rep. Signature: Date:

**Employee Statement Supporting Leave**

I, , provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

**Name of school or place of care closed due to concerns related to COVID-19:**

**Name of child caregiver unavailable due to concerns related to COVID-19:**

**Name and age of child or children I am caring for:**

 Name: Age:

 Name: Age:

 Name: Age:

 Name: Age:

**The special circumstances requiring my need for leave to care for a child ages 15-17 are:**

I represent that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: Date:

Employer Use Only

Employee’s available FMLA time this calendar year: \_\_\_\_\_\_\_