



Emergency FMLA Leave Request COVID-19 Related

Request

I am requesting Emergency FMLA for the following dates: _____.

If granted, I would like to use Emergency Paid Sick for the first two weeks of EFMLA, which would otherwise be unpaid. Yes _____ No _____

Eligibility (Initial all that apply)

_____ I am unable to work (or telework) due to a need for leave to care for my minor child/children, and I represent that no other parent or person will be providing care for the child during the period for which I am requesting leave.

_____ The child is/children are under eighteen years of age.

_____ The child's/children's school or place of care is closed due to COVID-19 as ordered by a Federal, State, or local authority.

_____ The child's/children's "child care provider" is unavailable due to COVID-19.

Name of school or child care that is closed: _____

Name(s) and age(s) of child/children to be cared for: _____

If child/children are over 14, the following special circumstances exist requiring me to provide childcare:

Verification

I understand that I may be required to provide additional documentation as permitted by law or regulation.

I also understand the amount of pay I receive for using Emergency Paid Sick Leave is subject to amounts and caps as set forth in Emergency Paid Sick Leave Act and that the amount of leave afforded to me under the Emergency Family and Medical Leave Expansion Act will be reduced by any FMLA time I used or have used for other reasons in the prior twelve months.

I certify and confirm that the above is true and correct.

Printed Name

Signature

Date