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

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and SETRPC’s Expanded Family and Medical Leave Policy, 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.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

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

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

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

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

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

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

❏ The unavailability of my child’s regular childcare provider due to concerns related to
COVID-19.

Furthermore,

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

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

Time off work is expected to be (select the most appropriate box):

❏For a continuous block of time.
❏For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday  | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

I have attached appropriate documentation supporting my need for leave.

Employee Signature: Date:

Manager Signature: Date:

HR Department Rep. Signature: Date: