**Families First Coronavirus Response Act (FFCRA)**

**Expanded FMLA employee request form**

You may be eligible for up to 12 weeks of Family Medical Leave Act (FMLA) leave with pay of two-thirds wages (to a maximum of $200 per day) for weeks three to 12 of leave under expanded FMLA as required under FFCRA. This leave is provided to care for your minor child due to the closing of the child’s school, place of care or unavailability of the regular child care provider due to a public health emergency related to the coronavirus pandemic. You may be eligible for pay for the first two weeks under FFCRA Emergency Paid Sick Leave Act (this leave must be requested separately; request form from human resources). You must have FMLA time available to take this expanded leave. To request expanded FMLA, please complete the following and return form to human resources.

Employee name (print clearly):

**Requested leave start date:** **Estimated end date:**

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

[ ]  For a continuous block of time (several continuous days, weeks or months off work).
[ ]  For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
[ ]  On an intermittent basis (with employer approval).

Name(s) and age(s) of child(ren) requiring care, and name of school or child care provider that is closed or unavailable (list other children, ages and school or child care provider on Page 2, if needed):

1. Name:       Age\*:

Name of school or child care provider:

1. Name:       Age\*:

Name of school or child care provider:

\* If you need to provide care for a child older than 14 during daylight hours, please provide a statement below outlining the special circumstances that exist requiring you to provide such care (if more space is needed, provide additional information on Page 2):

You will be provided information about employee FMLA rights and responsibilities in writing, including a determination of your eligibility for requested FMLA, within five business days after we receive this request.

You will be notified if additional information is required to determine your eligibility for FMLA or if additional documentation is required for purposes of establishing whether FMLA is available for your request. Please contact human resources with any questions.

By signing below, I represent that I understand I am requesting leave and pay (for weeks three to 12 of the approved period) under expanded FMLA to care for my minor child due to the closing of the child’s school, place of care or unavailability of the regular child care provider due to a public health emergency related to the coronavirus. I understand that if I can telework, I am not entitled to leave or pay under the expanded FMLA. I represent that I am unable to work, including telework, due to this event and that no other person will be providing care for the child(ren) during the period for which I am requesting leave.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Additional space, if needed, to list other children, ages and school or child care provider or reason leave is needed for a child older than age 14:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Return to Human Resources Department

*For HR use ONLY:* Date received:       FMLA eligibility notice sent: