

Request for Emergency Family Medical Leave

Employee Name:

Employee Title/Position:

Employee Date of Hire:

Name and age of the child or children:

Name of the school or place of care that has closed, or childcare that is unavailable, due to COVID-19 related reasons and documentation demonstrating such closure:

A representation that no other suitable person is available to care for the child during the period of requested leave:

For care of a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care, if applicable:

Date(s) for which leave is requested: _____

Date of the end of the school year for your child (if leave requested for school closure):

If you are not able to telework, provide an explanation as to why:

State whether you are requesting full day leave or are able work partial day/reduced hours. If able to work reduced hours, state your availability:

The first two weeks of our Emergency FMLA are unpaid. During this unpaid time, I wish to (choose one):

- Use and receive payment under the Emergency Paid Sick Leave Act
- Use other accrued paid time off
- Not use any other available paid time off

After the first two weeks of leave, Emergency FMLA is paid at 2/3 the employee's regular rate of pay. During this time, I wish to (choose one):

- Use other accrued paid time off to supplement my pay so that I receive 100% of my wages.
- Forgo using other accrued paid time off so that I receive 66.67% of my pay up to the cap, as set by law.

Employee Signature:

Date:

For Office Use Only:

Circle one: Request is Approved / Request is Denied

Length of Time Leave Approved For: _____

Employee Pay Explanation:
