

## **Request For Expanded Family and Medical Leave**

To request Expanded Family and Medical Leave to care for your child (or children) whose school or place of care is closed or child care is unavailable due to a COVID-19 related reason, complete the following request form and submit it to your manager or the human resources department as soon as is practicable. You may also attach documentation to support your need for leave to this form. If documentation is not provided with this form, you may be requested to provide additional documentation to support your request for leave. If you have vacation/PTO available, you will be required to use such leave concurrently with leave approved pursuant to this request, as permitted by applicable law.

Employee Name: \_\_\_\_\_

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

Name and age of Child(ren) you need leave to care for:

\_\_\_\_\_

If the child is over 14 years of age, please explain any special circumstances that require you to stay home during daylight hours to care for the child:

\_\_\_\_\_

\_\_\_\_\_

Name of School(s), Place(s) of Care or Childcare provider(s) that is closed/unavailable due to COVID-19 related reasons:

\_\_\_\_\_

Is there another suitable person available to care for the child during your normal workhours on the days you have requested leave:

Yes \_\_\_\_\_ or No \_\_\_\_\_

**By signing below, I certify that the above information is accurate and that I am unable to work (or telework) as a result of the need for leave identified above.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Company Purposes Only:**

Date documentation requested: \_\_\_\_\_

Status: Approved \_\_\_\_\_ or Denied \_\_\_\_\_

Date approved or denied: \_\_\_\_\_

Amount of leave used by Employee: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_