

Request for Expanded Family and Medical (EFMLA) Leave

In accordance with the Families First Coronavirus Response Act (FFCRA or Act) and from April 1, 2020 through December 31, 2020, eligible employees may request up to 12 weeks of expanded family and medical leave (EFMLA) when they are unable to work/telework because their child's school or place of care is closed (or their childcare provider is unavailable) for reasons related to COVID-19 concerns. To request Expanded Family and Medical Leave (EFMLA), please complete and return this form, along with supporting documentation, to HR.

Employee Name	Hire Date	Today's Date														
EXPANDED FAMILY AND MEDICAL LEAVE (EFMLA)																
<p>I am requesting Expanded FMLA leave for the dates listed below and attest that:</p> <ul style="list-style-type: none"> I am unable to work (or telework) in order to care for my minor child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; No other suitable person is available to care for my child during the requested period of leave; Special circumstances exist requiring my need for leave to care for a child ages 15-17; I have provided appropriate documentation supporting my need for leave; I have been employed by the Company for at least 30 calendar days as of the date of this request. 																
Date leave is expected to start:																
Duration of leave (# of days or weeks):																
Date leave is expected to end:																
Time off will be taken:	<p><input type="checkbox"/> As a continuous block of time.</p> <p><input type="checkbox"/> As a reduced work schedule (e.g., change in work schedule such as fewer hours per day or fewer hours per week).</p> <p>If a reduced work schedule is needed, indicate the days and hours you are available for work:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;"><u>Mon.</u></th> <th style="padding: 2px 5px;"><u>Tues.</u></th> <th style="padding: 2px 5px;"><u>Wed.</u></th> <th style="padding: 2px 5px;"><u>Thur.</u></th> <th style="padding: 2px 5px;"><u>Fri.</u></th> <th style="padding: 2px 5px;"><u>Sat.</u></th> <th style="padding: 2px 5px;"><u>Sun.</u></th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table>		<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thur.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>							
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Employee Statement Supporting EFMLA Leave

I, _____, provide the following information in support of my request for expanded FMLA leave (complete all that apply):

Name of school or place of care closed due to concerns related to COVID-19:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child(ren) I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Name

Date