Expanded Family and Medical Leave Request Form

COVID-19 Related Leaves Only

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| **Name:** | | **Date:** |
| **Expanded Family and Medical Leave** is only for employees in which his/her child’s school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons, and the employee cannot telework due to their role. This only applies after the two weeks of Emergency Paid Sick Leave have been exhausted. | | |
| Please attach documentation that your childcare provider/daycare is closed. My signature indicates that the information provided is true and accurate: | | |
| **Employee Signature** | **Date** | |
| **Department Leader / Manager Signature** | **Date** | |
| **HR Manager Signature** | **Date** | |