Federal law provides expanded Family and Medical Leave (FML) and emergency paid sick leave under the following circumstances:

1. your child’s school or daycare is fully or partially closed to your child or regular childcare provider unavailable *due to COVID-19;*
2. you are unable to work *or telework* as a result of your *need* to care for your child; *and*
3. there is *no other suitable person* to care for your child.

Expanded FML provides for a total of 12 weeks of leave – two weeks unpaid followed by 10 weeks paid. (*Note: This leave is reduced by any traditional or expanded FML already taken in 2020*.) Emergency paid sick leave is also available for up to a totalof 80 hours for full-time employees, to be taken during the two unpaid weeks of expanded FML, *unless you have exhausted your emergency paid leave.*

If your child’s school/daycare/provider is partially open but closed to your child during certain periods *due to COVID-19,* you may apply for leave for the periods when it is closed to your child. You will not be eligible for leave if you *choose* not to send your child to school/daycare/provider, even for periods when the school/daycare/provider would have been closed to your child, and even if your decision is based upon COVID-19. If the school/daycare/provider previously provided transportation for your child and no longer provides such transportation *due to COVID-19,* you may apply for leave during the time you are *required* to transport your child to school/daycare/provider. If you choose not to utilize the school/daycare/provider’s transportation, you are not eligible for leave to transport your child.

If you wish to apply for this leave ***or to continue previously-approved leave***, you must submit this form, because your need for leave must result from your child’s school/daycare/provider being fully or partially closed to your child *as a result of COVID-19*. Because most schools and certain other providers were previously closed for summer break, you ***must submit this leave request form for currently applicable qualifying reasons***.

If you currently meet the conditions above and have not exhausted your 80 hours of emergency paid sick leave and/or 12 weeks expanded or traditional FML, please provide the following information:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Your name Dates, days, or times, types of leave requested

Are you requesting intermittent or consistent leave? If intermittent, please state your work availability. *Intermittent leave is available upon mutual agreement between you and your agency.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

State the reason for your leave

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name(s) and age(s) of your child/children you are *required to care for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of place(s) of care, regular provider(s), or school(s) unavailable *due to COVID-19*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

State the days of the week, hours of the day, or schedule when the school/daycare/provider is closed to your child *due to COVID-19*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you unable to work *or telework* (either full time or intermittently, with approval) ***because you need to care for*** your child/children? Yes \_\_\_ No \_\_\_

Is there any other suitable person available to provide care for your child/children? Yes \_\_\_ No \_\_\_

If your child/children is older than fourteen and you are requesting leave for daylight hours, a statement that special circumstances exist requiring you to provide care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to use your emergency paid sick leave (if not yet exhausted) during the first two weeks of expanded FML? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to use your accrued leave during the first two weeks of expanded FML? Yes \_\_\_ No \_\_\_If so, what type of accrued leave *( i.e. sick, vac, comp)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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