

Employee Expanded FMLA Request Leave Form

To request leave based on the Expanded FMLA Leave, please complete the following request form and submit to

Employee Name (print clearly): _____

Requested Leave Start Date: _____ Estimated End Date: _____

Reason for leave- check all that apply (documentation may be required) *

- To care for the employee's child when the employee is unable to work (or telework) due to the closing of the child's school, place of care, or unavailability of the regular childcare provider due to a public health emergency with respect to COVID-19.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

If your need for leave is intermittent, please describe the nature of your intermittent leave.

Additional information about employee expanded FMLA rights and responsibilities will be provided to you in writing.

I certify that the information above is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action

Employee Signature: _____ Date: _____

Return to Human Resources Department

For HR use ONLY: Date received: _____