

REQUEST FORM -1

LEAVE TO CARE FOR YOUR CHILD DUE TO COVID-19 SCHOOL/ DAYCARE CLOSURE

[use Request Form-2 for all other COVID-19-related paid leaves]

Emergency paid leave not available for Emergency Responders and Health Care Providers

New federal laws provide expanded Family and Medical Leave (FML) and emergency paid sick leave under the following circumstances:

- your child's school or daycare is closed or regular childcare provider unavailable due to COVID-19
- you are unable to work or telework as a result of your *need* to care for your child; *and*
- 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 12 weeks of leave is reduced by any traditional FML you may have already taken in 2020.*) Emergency paid sick leave is also available for up to 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 for other qualifying reasons.

If you wish to request leave because you meet the three conditions above, please provide the following information:

Your name

Dates of leave requested

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

State the reason for your leave

Name(s) of your child/children you are required to care for

Name of school(s) or daycare(s) closed or regular provider(s) unavailable due to COVID-19

Are you unable to work or telework 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 ___

Do you want to use your accrued leave instead of emergency paid sick leave during the first two weeks of expanded FML? Yes ___ No ___

If so, what type of accrued leave (*i.e. sick, vacation, personal, comp time*)? _____

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: _____