

**(letterhead/logo)**

**PAID FMLA LEAVE REQUEST FORM**

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and the **Emergency FAMILY MEDICAL LEAVE ACT** Paid Sick Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences.

Employee Name (print clearly): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The reason for this emergency paid (2/3) FMLA leave request is (check one reason below):

I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions, and that there is no co-parent, co-guardian, or a usual child care provider available to care for the child's needs.

Are you able to telework?: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_