

## EFMLA EMPLOYEE REQUEST FORM

Please complete the following request form and submit to the School’s Administrator or designee as soon as possible and before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the Emergency Paid Sick Leave and Expanded Family Medical Leave Policy.

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

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

I am requesting this EFML because I cannot be physically present at School to work, nor can I telework or otherwise work remotely, because I must care for my child due to:

- The closing of my child’s school or place of care, due to concerns related to COVID-19;
- The unavailability of my child’s regular child care provider due to concerns related to COVID-19; and
- No other suitable person is available to care for my child during the requested period of leave.

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

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

I have attached appropriate documentation supporting my need for leave.

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

Administrator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE STATEMENT SUPPORTING EFML**

I, \_\_\_\_\_, provide the following information in support of my request for Expanded Family Medical Leave (complete all that apply):

**Name of school or place of care closed due to concerns related to COVID-19:**

\_\_\_\_\_

**Name of child caregiver unavailable due to concerns related to COVID-19:**

\_\_\_\_\_

**Name and age of child or children I am needed to care for:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**No other suitable person is available to care for my child for the requested leave period due to:**

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_