

Employee Name: _____

Department: _____ Supervisor: _____

Position Title: _____ Date of Request: _____

Expected Duration of Leave: _____

I am unable to work or telework and request to use COVID-19 expanded family and medical leave for the following reason:

_____ I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons

(Proof of school/place of care closure may be required)**Method of Leave Requested**_____ **A.** Consecutive Leave (Date Range): __________ **B.** Intermittent or Reduced Leave Schedule* (Complete schedule grid on page 2)

*Intermittent or Reduced Leave scheduling will be **determined on a case-by-case basis**. Please note, intermittent expanded family and medical leave will only be considered if you and your manager have agreed upon a tentative schedule and you include that tentative schedule on page two of this request form. For example, you and your manager could tentatively agree to having you work on Tuesdays and Thursdays while you take expanded family and medical leave on Mondays, Wednesdays, and Fridays.

*Supervisor (Name): _____

*Supervisor (Signature): _____

Employee's Signature: _____ Date: _____

Tentative Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00					
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					
10:00					

Completion Instructions

Using your regularly scheduled work hours (e.g. 8-5), please indicate the hours you plan on working and the hours during which you plan on taking COVID-19 FMLA leave in the grid using the following codes:

- WORK - place in every day/hour you are planning to work
- COVID-FMLA - place in every day/hour you are planning on taking COVID-FMLA

Pay Under COVID-19 FMLA:

You may take COVID-19 Sick leave for the first two weeks (10 days) of this eligibility period, which will provide you with 2/3 of your regular rate of pay (with a cap of \$200 per day), or you may substitute any accrued vacation or sick leave you have and receive your full rate of pay. For the subsequent 10 weeks of COVID-19 FMLA leave, you will be paid no less than 2/3 of your regular rate of pay (with a cap of \$200 per day or \$12,000 for the full 12 weeks if you use COVID-19 Sick leave to cover the first two weeks of this COVID-19 FMLA.