



Request for COVID-19 FMLA Expanded Leave
(Effective 4/01/20 through 12/31/20)

Employee Name: _____ Date of Request: _____

Job Title: _____ Employee K# : _____

Department: _____ Supervisor Name: _____

I am unable to work or telework and request to use COVID-19 expanded FMLA leave. I am caring for my child/children whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.

(Proof of school or daycare closure may be required)

___ Consecutive Leave (Specify dates with an attachment).

___ Intermittent Leave Schedule (Specify schedule with an attachment indicating the hours/days you plan on working and the hours/days you plan on taking as COVID-19 FMLA leave).

Pay Under COVID-19 FMLA:

You may take COVID-19 sick leave for the first two weeks (10 days) of the eligibility period, which will provide you with 2/3 of your regular rate of pay (with a cap of \$200 per day). You can substitute any accrued vacation or sick leave you may have in order to receive your full 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 2 weeks of CODIV-19 FMLA.

Employee Signature

Date

Human Resources Review & Signature

Date

Cc: Payroll