

Families First Coronavirus Response Act Request for Leave (FMLA)

Employee Name: _____

First Day of Leave: _____

Employee Contact: Cell _____

Employee Email: _____

Emergency FMLA Expansion Act:

Employees may take up to 12 weeks to care for employee's child (under 18) if the child's school or daycare is closed due to a public health emergency.

Has employee been employed for 30 days? Yes No

Has employee worked at least 30 days? Yes No

Is the employee full time? Yes No

Is employee part time? Yes No

If part time, what is the average number of hours the employee worked for the prior 6 months? _____ avg. hours

Does employee wish to go unpaid for the first 10 days? Yes No

If employee wishes to use leave for first 10 days, please specify leave to be used and the order of usage:

- Yes first, second, third Sick leave
- Yes first, second, third Vacation
- Yes first, second, third Comp time

After the first 10 days, the employee will receive two-thirds of employee's regular rate up to **\$200 per day**. Part time will receive two-thirds of employee's pay based on previous 6 months.

Does the employee wish to use leave to fill in the other one-third of pay? Yes No

If so, please specify leave to be used and order of usage:

- Yes first, second, third Sick leave
- Yes first, second, third Vacation
- Yes first, second, third Comp time

Employee Signature

Date

Department Head Signature

Date

Submit to the HR Department