

EMERGENCY FMLA EXPANSION PTO REQUEST FORM

To request paid time off under the Emergency Family Medical Leave Act Expansion as provided under the Families First Coronavirus Response Act, please complete the following request form and submit as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Requested Leave Start Date: _____ / _____ / 2020

Estimated End Date: _____ / _____ / 2020

The amount of emergency FMLA leave being requested is _____ hours.

The reason for this emergency FMLA request is (must under the single qualified 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.

Employee
Signature _____

Date _____

Manager
Signature _____

Date _____