



Families First Coronavirus Response Act (FFCRA) EXPANDED FMLA APPLICATION

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|------------------|--------------------|-----------------------|
| Employee Name | Employee ID Number | Date |
| | | |
| Job Title | Supervisor | Department |
| | | |
| Leave Start Date | Leave End Date | Total Hours Requested |
| | | |

I certify that am unable to work (or telework) for the following reason:

I need to care for my child(ren) because their school or care center is closed or unavailable because of COVID-19. Name and D.O.B. of child(ren): *(use reverse side, as necessary)* _____

Name of closed school(s) or place(s) of care: *(use reverse side, as necessary)* _____

If the child is older than 14 years of age, do special circumstances exist that require you to provide care for the child? Yes No

I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.

I understand that the first 10 workdays are unpaid. I also understand that I can substitute the first 10 days with and elect:

Emergency Paid Sick leave (2/3rds regular pay rate up to \$200 per day)

Accrued Vacation # Hours: _____

Accrued Sick Leave # Hours: _____

Accrued Compensatory Time # Hours: _____

NO Pay # Hours: _____

I also acknowledge after the first 10 days, my leave will be paid at two-thirds of my regular pay rate, not to exceed \$200 per day and a maximum of \$10,000 between April 1, 2020 and December 31, 2020.

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature: _____ Date: _____