



**DOUGLAS COUNTY**

*Human Resources and Benefits  
402-444-6188  
DouglasCounty-NE.gov*

## **Families First Coronavirus Response Act (FFCRA) EXPANDED FMLA APPLICATION**

<b>Employee Name</b>	<b>Employee ID Number</b>	<b>Date</b>
<b>Title</b>	<b>Supervisor</b>	<b>Department</b>
<b>Leave Start Date</b>	<b>Leave End Date</b>	<b>Total Hours Requested</b>

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

Name(s) and age(s) of child(ren): (use reverse side, as necessary) \_\_\_\_\_

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

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 2/3's of my regular pay rate, not to exceed \$200 per day and a maximum of \$10,000 between 4/01/2020 and 12/31/2020.

**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: \_\_\_\_\_

**For processing, email to [FMLA@douglascounty-ne.gov](mailto:FMLA@douglascounty-ne.gov) or fax to 402-444-6678.**