

Request for Expanded FMLA Leave

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and the diocese's Expanded FMLA policy, please complete the following request form and submit to your manager or Human Resources as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Requested Leave Start Date: _____ **Estimated End Date:** _____

The amount of expanded FMLA leave being requested is _____ hours _____ weeks

The reason for this expanded paid FMLA leave request is (confirm by checking the 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.

Name of school or Child care provider: _____

Note: The initial two weeks of the emergency family leave is unpaid. You may use accrued paid time off or emergency paid sick leave.

Employee Signature _____ Date _____

Manager Signature _____ Date _____