

**Request for Leave of Absence
Families First Coronavirus Response Act**

4/22/2020

Employee Name:	Phone Number:
Address:	Email Address:
Emergency Contact:	Phone Number:

Affidavit Requesting Leave of Absence

School, Place of Care or Child Care Provider Unavailable

Please read each of the following and initial each box:

- I am unable to work (or telework) while caring for my son or daughter because the school or place of care has been closed or if the child care provider is unavailable due to COVID-19 precautions.
- I certify that no other suitable person will be caring for my son or daughter (or collectively children) during the period for which I'm taking Emergency Paid Sick Leave (EPSLA) or Emergency Family and Medical Leave Expansion (EFMLEA).
- I certify that if my employer has offered to allow me to telework, I'm unable to complete work while caring for my son or daughter (or collectively children) during the period for which I'm taking EPSLA or EFMLEA. (Write N/A if telework is not available.)

Facility Closed Due to COVID 19

<input type="checkbox"/> School : _____ <input type="checkbox"/> Place of Care: _____ <input type="checkbox"/> Daycare Provider: _____	Note: Please provide any documentation you have to show the unavailability of school, place of care, or the daycare provider.
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Identity of the Son or Daughter In Need of Care

Name of Child:	Date of Birth:	Age:
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- If you are unable to work (or telework) for a child **older than 14** during daylight hours, please provide a statement explaining the special circumstances which exist that require you to provide care.

Employer Section:

- Emergency Paid Sick Leave (Two Weeks/40 Hour Maximum):** Employee will be paid 2/3 of their wages.
- Emergency Family and Medical Leave Expansion (Weeks 3 -10):**
 Will employee be required to use any accrued vacation or sick time during weeks three through ten before paid leave under the Emergency Family and Medical Leave Expansion?
 _____ No _____ Yes If Yes, how many days of vacation/sick time will be used: _____

I certify the information furnished is true and accurate. False statements on this form may subject me to disciplinary action, up to and including discharge and may disqualify me for paid leave under EPSLA or EFMLEA.

Employee Name

Date

Employee Signature

Please return this "Affidavit Requesting Leave" form together with the "Request for Leave of Absence Families First Coronavirus Response Act" form.