

REQUEST FOR EXPANDED FAMILY AND MEDICAL LEAVE

Employees requesting Expanded FMLA Leave (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) can complete this form for review and processing. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit to the Benefits for processing:

Employee Name:

Employee ID:

Department:

Date Leave to Begin:

Estimated End Date:

I am requesting this leave due to the inability to work or telework because of one of the following (check the appropriate reason below):

- I need to care for my child because the child's school, care provider is closed or unavailable because of COVID – 19. The definition of child is defined in FCPS Regulation 300-42, Family and Medical Leave Act. Name of provider/school:

Documentation to Submit:

- 1) In the case of a leave request based on a school closing or child care provider unavailability, the following information is to be completed:

Name of child (children)

Age (Ages)

I am the only one that will be providing care during the period of requested leave.

If child or children are age 15 – 17, in regards to work or telework ability, explain circumstances in which care is needed.

The first 10 days of your leave is unpaid; however, you may be eligible for Emergency Paid Sick Leave (EPSL) provided through the FFCRA. If you are not eligible for leave through the EPSL, you may use your own accrued leave during the first ten days.

For the first ten days of EFMLA, are you using EPSL? If yes, please complete EPSL leave for submission.

If you are not using Emergency Paid Sick Leave, please check the following to be recognized during the first ten days.

Unpaid Accrued Sick Leave Accrued Personal Leave Accrued Annual Leave

Employee Signature:

Benefits Department Signature:

Documentation can be faxed to 301 644 – 5122 or emailed to Benefits.Office@fcps.org