



Emergency FMLA Employee Request Form

To request leave on the basis of the Emergency Family and Medical Leave of Act (FMLA), please complete the following request form and submit to Human Resources.

Employee Name (print clearly): _____

Department: _____ Job Title: _____

Requested Leave Start Date: _____ End Date: _____

The reason for this FMLA leave request is:

To care for the employee's child when the employee is unable to work (or telework) due to the closing of the child's school, place of care, or unavailability of the regular childcare provider due to a public health emergency with respect to COVID-19.

Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources with any questions.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

Return to Human Resources Department

For HR use ONLY:

Date received: _____

FMLA Eligibility Notice sent: _____