

**EMPLOYEE REQUEST FOR EMERGENCY FAMILY MEDICAL LEAVE
FOR COVID-19 QUALIFYING REASON**

To request leave pursuant to the Emergency Family and Medical Leave Expansion Act (EFMLEA) under the Families First Coronavirus Response Act (FFCRA) and the County's *Emergency Paid Sick Leave and Emergency Family Medical Leave Expansion Policy Related to COVID-19*, you must complete this request form and submit it to the Human Resources Department as soon as possible. All requested information supporting the need for leave must be provided with this request.

Notice: If you are unable to submit the form prior to commencement of your leave, verbal notice will be accepted until this form and the required information can be provided. However, if you have not provided this form, after the first workday of paid leave time, you will be provided notice and given the opportunity to submit proper documentation to ensure your eligibility prior to any action being taken to deny your leave for failure to follow reasonable notice procedures.

EMPLOYEE NAME

Employee Name (print clearly): _____

Department: _____

Manager/Department Head: _____

DATES OF LEAVE

Requested Leave Start Date: _____ End Date: _____

The amount of emergency Family Medical Leave being requested is _____ hours.

QUALIFYING REASON FOR LEAVE

I am requesting this emergency leave due to my inability to work (or telework) because I am caring for my child (or children) whose primary or secondary school or place of care has been closed or my childcare provider is unavailable for COVID-19 reasons.

In support of this request, please provide the following information:

Full Name, Relationship, and Age of Minor Child Being Cared For

Name, Address, Phone Number of Unavailable School, Place of Care, or Child Care Provider

Full Name(s), Relationship(s), and Age(s) of Other Child(ren) Being Cared For

Name, Address, Phone Number of Unavailable School, Place of Care, or Child Care Provider

