



Employee Statement Supporting Emergency Expanded FMLA

EMPLOYEE INFORMATION

Name: _____ Location: _____

Please provide the following information in support of your request for Expanded Family and Medical Leave (complete all that apply):

SCHOOL | PLACE OF CARE INFORMATION

Name of school or place of care closed due to concerns related to COVID-19:

CHILD(REN) CAREGIVER INFORMATION

Name of child caregiver unavailable due to concerns related to COVID-19:

CHILD(REN) INFORMATION

Please list name and age of child or children you are needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

OTHER INFORMATION

No other suitable person is available to care for my child(ren) for the requested leave period due to:

The special circumstance requiring my need for leave to care for a child ages 15-17 are:

ACKNOWLEDGEMENT

I ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I UNDERSTAND FALSIFICATION OF ANY INFORMATION GIVEN MAY LEAD TO DISCIPLINARY ACTION.

Signature: _____ Date: _____