



# 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: \_\_\_\_\_