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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. ***General Information*** | | | | | | | | | | | | |
| Employee Name: | | | | |  | | | | | | Personnel #: |  |
| Office Name: | | | | |  | | | | | | Division: |  |
| Job Title: | | | | |  | | | | | | Phone #: |  |
|  | | | | | | | | | | | | |
| 1. ***Employee Certification*** | | | | | | | | | | | | |
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|  | | | **Employee Certification**:  I hereby certify I am unable to work, including telework. *Identify the specific limitations that prevent teleworking from home:* | | | | | | | |  | |
| Employee Initials | | |
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| 1. ***Requested Hours and Reason for Expanded FMLA*** | | | | | | | | | | | | |
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| Qualifying Reason: The sole qualifying reason for Expanded FMLA leave is to care for a son or daughter if the school or place of care has been closed or is unavailable due to COVID-19 precautions. Therefore, please provide the following: | | | | | | | | | | | | |
|  | | | *Name and Age of Child(ren):* | | | |  | | | | | |
|  | | | *School / Child Care Provider:* | | | |  | | | | | |
|  | | | *Provide an explanation regarding the lack of any other suitable person (such as other parent, grandparents, etc.) being available to care for the child. Include any “special circumstances” requiring you to care for the child during daylight hours if the child is over 14 years old.* | | | | | | | | | |
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| 1. ***Requested Scheduling of Expanded FMLA*** | | | | | | | | | | | | |
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| Scheduling of Expanded FMLA: *Insert a “X” next to one or both scheduling manners, as applicable, and provide the requested information.* | | | | | | | | | | | | |
|  |  | 1. | | Continuous (include “From” and “To” dates): | | | | | |  | | |
|  |  | 2. | | Intermittent: May be combined with teleworking from home and/or working in the office. | | | | | | | | |
|  |  |  | | Provide requested intermittent work schedule, including # of hours/day, days of the week, duration, etc.  *(For example, request is to work on Monday, Wednesday, Friday for 8 hours/day, with expanded FMLA leave on Tuesdays and Thursdays for 8 hours/day. This schedule would last from 4/1/2020 through the end of the school year on 5/20/2020.)* | | | | | | | | |
|  |  |  | | *Requested Intermittent Schedule:* | |  | | | | | | |
|  | | | | | | | | | | | | |
| 1. ***Employee’s Typed Signature*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I certify that the above is true and accurate to the best of my knowledge. By typing “/S/My Name” to the right, I am electronically signing this form to request approval of expanded FMLA leave. | | | | | | | |  | /S/ | | | |
|  | | | | | | | |  | *Employee’s Typed Name as Signature* | | | |