

E-FMLA REQUEST (COVID-19)

Employee Name _____ Hire Date

Center Location _____ Supervisor Name

Personal Email _____ Personal Phone #

Anticipated FMLA Start Date _____ Anticipated End Date

REASON FOR LEAVE

- To care for my son or daughter whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions (**Attach documentation**)

TYPE OF LEAVE

- Intermittent Leave
- Reduced Work Schedule
- Full-Time Leave

If intermittent leave is requested, indicate the anticipated frequency and duration of absences.

ADDITIONAL INFORMATION

I hereby certify that all the statements contained herein and attached are true to the best of my knowledge.

Employee Signature _____ Date

Supervisor Signature _____ Date

I have reviewed the employee's E-FMLA request and verified if the employee is eligible for leave. Eligible _____ Ineligible

HR Signature _____ Date
