



## REQUEST FOR LEAVE UNDER THE FAMILY AND MEDICAL LEAVE EXPANSION ACT OF 2020

The *Families First Coronavirus Response Act (FFCRA)* expands FMLA for employees whose children's school or place of care is closed or whose provider of care is unavailable due to the COVID-19 public health emergency. These provisions apply from April 1 - December 31, 2020. I understand that when using this expanded FMLA leave, I will receive pay that may be limited to 2/3rds of my regular pay and capped at a maximum of \$200 per day and \$10,000 total for up to ten weeks. This 10-week period begins after the initial two (2) weeks of emergency leave which may be paid under the *FFCRA Emergency Paid Sick Leave Act*. *Note: Employees may be allowed to use annual or sick leave, or other accrued paid time, to make up the difference between the amount paid to the employee under the Family and Medical Leave Expansion Act and the amount of the employee's normal earnings.*

### REQUEST FOR LEAVE UNDER THE FAMILY MEDICAL LEAVE EXPANSION ACT:

By submitting this form electronically to my department payroll coordinator, I request leave under the Family and Medical Leave Expansion Act of 2020, because I am unable to work (or to telework) due to the need for leave to care for my son(s) and/or daughter(s) under age 18 whose school or place of care is closed or whose provider of care is unavailable due to the COVID-19 public health emergency.

I am requesting this leave from \_\_\_\_\_ (start date) to \_\_\_\_\_ (estimated last date).

I have worked for DeKalb County for at least 30 calendar days. I began work on (date): \_\_\_\_\_

Time off work is requested (select the most appropriate box):

For a continuous block of time (several continuous days, weeks or months off work).

For a reduced work schedule (change in work schedule needed - fewer hours per day / per week) (this option is available only if your department head agrees to the requested reduced work schedule in writing).

On an intermittent basis (this option is available only if your department head agrees to the requested intermittent leave schedule in writing).

Attached is all available documentation I have to show that my child's or children's school(s) or place(s) of care is/are closed or childcare provider is unavailable due to the COVID-19 public health emergency.

If this request for leave is granted, I agree to notify my department head or designee as soon as the reason for leave described above no longer applies to me (i.e., when my child's/children's school reopens and/or my child's/children's normal child care provider reopens/becomes available).

I understand that leave and requests for leave under the FMLA Expansion Act of 2020 are subject to most of the terms and conditions applicable to other FMLA leave, including the limits on the total amount of FMLA leave an employee is allowed to take within a 12-month period.

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employee Signature/Date \_\_\_\_\_

Department Name \_\_\_\_\_

Department Head Signature/Date \_\_\_\_\_

Note: If I am unable to submit electronically, I will mail the completed form to my department payroll coordinator.

Reference: See *Employee Rights* under *The Families First Coronavirus Response Act*.