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**COVID-19 FMLA Request Form**

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| **Name:** |  | | |
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| I am requesting a COVID-19 FMLA effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am certifying that I am unable to work onsite nor remotely due to a need to care for my minor child because of a “declared” Personal Health Emergency related to COVID-19 that has caused:   * my child’s school (elementary school or secondary school) to be closed; or * my child’s place of care to be closed; or my child’s normal childcare provider (a person paid for providing childcare on a regular basis) to be unavailable   I understand that I must include supporting documentation of such leave and that the documentation can include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider. | | | |
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| **Signature:** |  | **Date:** |  |