



Request for Expanded Family and Medical Leave under the Families First Coronavirus Response Act Form

I am requesting expanded family and medical leave from _____ to _____ to care for my child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19*.

Employees are required to provide appropriate documentation in support of such leave including the name and age of your child; name of the school, place of care, or child care provider that has closed or become unavailable; and a statement that no other suitable person is available to care for your child. Employees must also provide documentation of closure; for example, this could 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. This requirement also applies when the first two weeks of unpaid leave run concurrently with paid sick leave taken for the same reason.

**up to 12 weeks of paid sick leave and expanded family and medical leaves are available. The first two weeks of the 12 weeks are unpaid, however, an employee may elect to substitute any accrued vacation, personal business, or other available leave banks for the first two weeks of unpaid leave. After the first two weeks of leave, the next 10 weeks are paid at 2/3 of the regular pay of the employee (maximum \$200 per day) for the hours the employees would have been scheduled to work.*

- I am requesting the first two weeks of leave be unpaid
- I elect to substitute accrued leave for the first two weeks of unpaid leave - articulate type of leave electing to substitute and on which date(s).

- If requesting to substitute paid sick leave under the Families First Coronavirus Response Act, attach completed *Request for paid sick leave under the Families First Coronavirus Response Act Form*

By signing below, I certify that I am unable to work, including telework, for the reason indicated. I certify no other suitable person is available to care my child. I have viewed the required poster and general information here <https://www.dol.gov/agencies/whd/pandemic>.

Name (Printed)

Signature

Date

Submit completed request form and documentation to engstromg@sgate.k12.mi.us