

Families First Coronavirus Response Act (FFCRA)

Expanded FMLA Request Form

EMPLOYEE'S NAME: _____ Last 4 digits of SOCIAL SECURITY #: _____

Home/Cell PHONE#: _____ DEPT/BUREAU: _____ SUPERVISOR: _____

Please check the reason for leave:	Amount of Pay permitted under FFCRA law
<p>Employee is caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precaution (son/daughter must be under age 18, or over age 18 with a mental or physical disability and incapable of self-care because of that disability).</p> <p>_____ Child's Name Birth Date _____ Child's Name Birth Date _____ Child's Name Birth Date _____</p> <p>Name of school or child care center/provider: _____</p> <p>Employee attests that no other person will be providing care for the child(ren) during the requested Emergency Paid Sick Leave period _____ (Employee Initials)</p> <p>For child(ren) older than fourteen, provide information on special circumstances that require employee to provide care during daylight hours: _____</p>	<p>2/3rd of normal pay; Maximum \$200 per day for Full Time employees, for up to 12 weeks* (pro-rated for PT employees)</p>

*The first two weeks of Expanded FMLA are unpaid; Employee may use accrued leave or Emergency Paid Sick Leave for the first two weeks of Expanded FMLA; Employees who have exhausted 12 weeks of traditional FMLA within the past 12 months, are not eligible for Expanded FMLA.

Type of Absence Requested:

Full-Time Absence Start Date: _____ End Date: _____

Intermittent Absences Start Date: _____ End Date: _____

(Intermittent Absence is periodic time off that is not usually expected to be the same days or same time from week to week)

Reduced Schedule Absence Start Date: _____ End Date: _____

(Reduced Schedule Absence is a temporary change in the employee's normal work schedule that reduces the employee's working hours per day or per week)

I request to use my accrued leave to supplement the Expanded FMLA pay YES NO

EMPLOYEE SIGNATURE: _____ DATE: _____

Supervisor/Dept Head Section:

Is employee eligible to telework? YES NO

Is employee unable to work, including telework, for one of the reasons listed above? YES NO

Employees who are eligible and able to telework despite one of the reasons listed above are not eligible for Expanded FMLA

SIGNATURE OF SUPERVISOR PRINT NAME EXTENSION DATE

DEPARTMENT HEAD SIGNATURE _____ DATE: _____

Return completed form to Human Resources or email to kgerald@howardcountymd.gov