

Emergency Family and Medical Leave Expansion Act – Leave Request Form

Employee Name

Today's Date

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Employee Street Address

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City

State

Zip Code

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Does your spouse work for this company?

Yes No

Reason for taking leave (check one):

- The birth and care of my newborn child or placement of a child with me for adoption or foster care.
- To care for my spouse, child or parent who has a serious health condition, including COVID-19.
- To care for my child whose school or child care facility has been closed due to COVID-19.
- My own serious health condition, including COVID-19, that makes me unable to perform at least one of the essential functions of my job.
- To care for my spouse, child, parent or next of kin who is a covered service member with a serious injury or illness.
- A qualifying exigency because my spouse, child or parent is a military member on covered active duty or call to covered active duty status.

Please complete the following section if leave will be taken continually or for the entire period.

Date Leave Will Begin:

Date of Return to Work:

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Please complete the following section if leave will be taken intermittently.

Schedule of needed time off:

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Employee Signature

Date

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Supervisor Signature

Date

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Note: You must seek approval from the Company for intermittent or reduced schedule leave for the birth or placement of a child for adoption or foster care.