**LEAVE OF ABSENCE REQUEST FORM - CHILDCARE DUE TO COVID-19**

Employees requesting leave to care for a child whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 related reasons pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

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| **PART I: TO BE COMPLETED BY HUMAN RESOURCES** | | |
| 1. Employee Name: SSN or Employee No: Date of Hire: | | |
| **2.** Employee Job Title: Employee Location: | | |
| **PART II: TO BE COMPLETED BY EMPLOYEE – PLEASE PRINT OR TYPE** | | |
| **3.** Please provide the reason(s) you are requesting leave (check appropriate box): | | |
| 🞎 To care for my child (under 18, or over 18 but incapable of self-care because of a mental or physical disability) whose school or place of care has been closed for reasons related to COVID-19    Name(s) of Child(ren):  Name of School(s)/Place(s) of Care:  **4.** Is the child at least 14 years old?  🞎 Yes 🞎 No | | 🞎 To care for my child (under 18, or over 18 but incapable of self-care because of a mental or physical disability) whose child-care provider is unavailable for reasons related to COVID-19  Name(s) of Child(ren):  Name of Child Care Provider(s):  **5.** If you marked **"Yes"** for number **"4,"** please explain the special circumstances that require you to provide care for the child during daylight hours: |
| **6.** I request leave from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employee Representation**: I hereby represent that no other suitable person (such as a co-parent, co-guardian, or the usual childcare provider) is available to care, or will be caring, for my child during the period of the requested leave of absence.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee signature Date  **Employee Representation (if applicable):** I hereby represent that I am unable to 🞎 Work and/or 🞎 Telework because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature Date | | |
| **7.** Are you requesting leave on an intermittent or reduced leave schedule?  🞎 Yes 🞎 No | **8.** If the answer to **"7"** is **"Yes,"** please describe the proposed intermittent/reduced work leave schedule: | |
| **Substitution of Paid Leave:** *Pursuant to the FFCRA, you may be entitled to up to 12 weeks of leave to care for a child for COVID-19 related reasons. The first 10 days of your leave is unpaid. You may elect to substitute the first 10 days of the unpaid leave with "emergency sick leave" provided through the FFCRA at 2/3 of your regular pay (up to 80 hours for a full-time employee or, for a part-time employee, the average number of hours worked over a typical two-week period). The "emergency sick leave" is limited to up to $200 daily and $2,000 total.* *You may also elect to use any accrued and unused paid leave benefits under the Company's policies to supplement the first 10 days of your leave and/or the remainder of your leave (up to your full normal pay). Please indicate if you would like to use paid leave (check all that apply).*  🞎 Emergency Sick Leave 🞎 Vacation/PTO 🞎 Supplement first 10 days with Vacation/PTO 🞎 Supplement rest of leave with Vacation/PTO | | |
| **I have read and understand this form and certify that the information provided on this form is true, correct, and complete. I understand that documentation from the childcare provider or school will be required prior to making a final determination to approve or deny my leave request.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMPLOYEE SIGNATURE DATE** | | |

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| **FOR INTERNAL USE ONLY**  COVID-19 Childcare Leave is:  🞎 **APPROVED** from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 **DENIED** because:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Intermittent/Reduced Schedule Leave? 🞎 Yes 🞎 No Anticipated Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Continue voluntary benefits coverage? 🞎 Yes 🞎 No Premium amount:: $\_\_\_\_\_\_\_\_  Premiums paid by: Payroll Deduction:  Other:  Use "Emergency Sick Leave" at 2/3 pay to supplement the first 10 days? 🞎 Yes 🞎 No  Use Company paid leave benefits to supplement the first 10 days? 🞎 Yes 🞎 No  Amount of accrued Company paid leave benefits remaining or anticipated to be available at the time leave commences: \_\_\_\_\_\_\_\_\_ Days/Hours |
| **REQUEST APPROVED/DENIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |