

Employee Request for Emergency Paid Sick Leave or Expanded FMLA Leave for COVID-19 (Coronavirus) Related Reason and Self Certification

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and Linear Controls' Expanded Family and Medical Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Requested Leave Start Date: _____ End Date: _____

Request for Emergency Paid Sick Leave (Coronavirus)

I am requesting this emergency paid sick leave due to my inability to work (or telework) due to the following:

- I am unable to work (or telework) because I am subject to a federal, state or local quarantine isolation order related to COVID-19.

Name of government entity issuing order: _____
Attach documentation related to the order.

- I am unable to work (or telework) because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider advising self-quarantine: _____

- I am unable to work (or telework) because I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Name of health care provider from whom seeking a diagnosis: _____

- I am unable to work (or telework) because I am caring for an individual who is subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by a health-care provider to self-quarantine due to concerns related to COVID-19.

Name of individual to whom providing care: _____

Relationship to you or person to whom providing care: _____

Name of government entity issuing order or health care provider advising self-quarantine: _____

Attach documentation relating to the order.

- I am unable to work (or telework) because I am caring for a child whose school or child-care provider is closed/unavailable due to concerns related to COVID-19. Attach documentation with this request demonstrating that the school or childcare provider is close/unavailable.

Name and age of child: _____

Name of school, place of care, or child care provider: _____

Will any other suitable person be caring for the child during the period leave is requested?: _____

If child is older than 14 and needs care during daylight hours, please explain the special circumstances that exist requiring you to provide care during those times:

- I am unable to work (or telework) because I have am experiencing “any other substantially similar condition” specified by the U.S. Department of Health and Human Services.

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____

Request for Expanded FMLA Leave (Coronavirus)

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child's school or place of care, due to concerns related to COVID-19.
- The unavailability of my child's regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I have attached appropriate documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

HR Department Rep. Signature: _____ Date: _____

Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

Name of school or place of care closed due to concerns related to COVID-19:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ **Date:** _____