



**FMLA AFFIDAVIT OF FAMILY RELATIONSHIP DUE TO EXPANDED LEAVE**

Request

I am requesting Expanded Family and Medical Leave (FMLA) for the following dates:

\_\_\_\_\_

Name(s) and Age(s) of Child/Children : \_\_\_\_\_

\_\_\_\_\_

Please list the name of the school or child care facility that is closed:

\_\_\_\_\_

Eligibility for Leave (Please initial all that apply)

\_\_\_\_\_ I am unable to work (or telework) due to a need for leave to care for my child/children under the age of 18.

\_\_\_\_\_ I have a child older than 14 in which special circumstances exist requiring me to provide care.

\_\_\_\_\_ The child's/children's school or place of care is closed due to COVID-19 as ordered by a Federal, State or Local authority.

\_\_\_\_\_ The child's/children's "child care provider" is unavailable due to COVID-19.

\_\_\_\_\_ I have attached supporting documentation for the closure of a child care facility. Examples include a letter, an email, a screenshot or a website announcement. No supporting documentation is needed for the closure of a school.

\_\_\_\_\_ I have attached a Birth Certificate(s) or a Court Order(s) to verify the relationship between myself and the child/children.

\_\_\_\_\_ No other suitable person is available to care for the child/children during the period of requested leave.

\*This policy will commence on April 1<sup>st</sup>, 2020 and will end on December 31<sup>st</sup>, 2020.

Verification:

I understand that the amount of pay I receive for using Expanded FMLA Leave is subjected to amounts and caps as set forth in the Expanded FMLA Leave Act and may not be equivalent to my daily rate of pay.

I verify and confirm that the above is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature