



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 January 1st, 2021 and will end on March 31st, 2021.

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

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