

# FMLA EMPLOYEE LEAVE REQUEST FORM — COVID-19 EXPANSION

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This memo is to notify you of my need for leave under the Family and Medical Leave Act. I require a leave of absence from \_\_\_\_\_ to \_\_\_\_\_ due to my child's  
[start date] [end date/TBD]  
school/daycare center/etc. being closed during this time.

I certify that no other person will be providing care for the **[child/children]** during the period for which I am receiving family medical leave and that I am unable to work or telework because of a need to provide care for **[a child/children]**.

I have attached documentation regarding the closure.

The Family and Medical Leave Act specifies that employers must provide specific written notice to an employee of rights and responsibilities regarding leave within five business days if feasible of when that employee gives notice of the need for leave (29 C.F.R. 825.301). I look forward to receiving this information from you.

Please let me know immediately and in writing if you require anything further from me. I appreciate your assistance with this matter.

I acknowledge that completion of this FMLA Leave Request form does not imply that the leave will be approved. I understand that the approval for FMLA is subject to meeting eligibility qualifications as set forth by the U.S. Department of Labor.

Name and age of the child (or children) to be cared for:

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Name of the school that has closed or place of care that is unavailable:

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*For leave taken under the FMLA for an employee's own serious health condition related to COVID-19, or to care for the employee's spouse, son, daughter, or parent with a serious health condition related to COVID-19, the normal FMLA certification requirements still apply.*

**Employee signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor signature of acknowledgment:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_