

# Request for Expanded FMLA Leave



To request Expanded FMLA Leave as provided under Blaine County’s COVID-19 Leave Policy, complete the Request for Expanded FMLA Leave form and submit it to your Elected Official or Department Head and the Human Resources Department as soon as possible before leave commences.

Documentation supporting the need for Expanded FMLA Leave must be included with this request, as described in the COVID-19 Leave Policy.

Employee Name:			
Office or Department:			
Elected Official/Department Head:			
Requested Leave Start Date:		Requested Leave End Date:	

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 childcare 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 the “Employee Statement Supporting Leave” and other appropriate documentation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elected Official/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Statement Supporting Leave**

I, \_\_\_\_\_, provide the following information in support of my request for Expanded FMLA Leave (complete all that apply):

**Name of school or place of care closed 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(ren) for the requested leave period due to:**

\_\_\_\_\_

\_\_\_\_\_

**The special circumstances requiring my need for leave to care for a child(ren) 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: \_\_\_\_\_