|  |  |  |
| --- | --- | --- |
| **Employee Name**  | **Employer Name** | **Date** |
|  |  |  |
| **Employee Phone Number** | **Employer Phone Number** |  |
|  |  |  |
| **Name of Child(ren)** | **Age of Child(ren)** | **Name of Closed School(s) or Place of Care** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Employee Email Address** | **Leave Start Date**  | **Leave End Date** |
|  |  |  |

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUEST EXPANDED FMLA RELATED TO COVID 19.**

### I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[NAME]certify that I need to care for my child(ren) because their school or childcare provider is closed or unavailable because of COVID-19. and that no other suitable person is available to care for the child(ren) during the period of requested leave. If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them and no other suitable person is available to provide care for the child during the period of requested leave.

**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS SECTION COMPLETED BY FI

### Was information provided verbally over the phone Y N Name of Fiscal Intermediary Employee Recording Information and Certification from Employee Requesting Paid Leave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### If denied, I certify that I am unable to find enough other workers who are able, willing and qualified, and who will be available at the time and place needed to perform services for me or my employee has specialized skills, knowledge of his/her responsibilities. [EMPLOYER]

### Name of FI Staff who recorded employer authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Authorization Authorized Denied