**ADD YOUR COMPANY NAME HERE**

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| Emergency Family and Medical Leave Expansion Act – Leave Request Form |
| Employee Name Today’s Date   |  |  | | --- | --- | |  |  | |
| Employee Street Address   |  | | --- | |  | |
| City State Zip Code   |  |  |  | | --- | --- | --- | |  |  |  |   **Does your spouse work for this company?**   |  |  | | --- | --- | | Yes | No |   **Reason for taking leave (check one):**  The birth and care of my newborn child or placement of a child with me for adoption or foster care.  To care for my spouse, child or parent who has a serious health condition, including COVID-19.  To care for my child whose school or child care facility has been closed due to COVID-19.  My own serious health condition, including COVID-19, that makes me unable to perform at least one of the essential functions of my job.  To care for my spouse, child, parent or next of kin who is a covered service member with a serious injury or illness.  A qualifying exigency because my spouse, child or parent is a military member on covered active duty or call to covered active duty status.  **Please complete the following section if leave will be taken continually or for the entire period.**  Date Leave Will Begin: Date of Return to Work:   |  |  | | --- | --- | |  |  |   **Please complete the following section if leave will be taken intermittently.**  Schedule of needed time off:   |  | | --- | |  |   Employee Signature Date   |  |  | | --- | --- | |  |  |   Supervisor Signature Date   |  |  | | --- | --- | |  |  |   Note: You must seek approval from the Company for intermittent or reduced schedule leave for the birth or placement of a child for adoption or foster care. |