

**Request for Childcare FMLA  
Families First Response to Coronavirus Act**

**DATE OF REQUEST:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**NAME OF CHILD:**  
\_\_\_\_\_

**SCHOOL OR CHILDCARE CLOSURE:**  
\_\_\_\_\_

**NAME OF CHILD:**  
\_\_\_\_\_

**SCHOOL OR CHILDCARE CLOSURE:**  
\_\_\_\_\_

**NAME OF CHILD:**  
\_\_\_\_\_

**SCHOOL OR CHILDCARE CLOSURE:**  
\_\_\_\_\_

**PERIOD REQUESTED:**  
Beginning April 1, 2020 until June 24, 2020\_ or when orders are lifted and schools and day care programs return to providing services. The first 2 weeks will be Emergency Leave and the remaining 10 weeks will be Emergency FMLA Leave.

**Employee Number:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**HOURLY RATE/SALARY:**

**2/3 or .666 HOURLY RATE/SALARY:**

**WORK SCHEDULE:** \_\_\_\_\_

**CLASSIFICATION:** \_\_\_\_\_

**HOURS PER WEEK:** \_\_\_\_\_

**PROGRAM/GRANT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the leave/absence requested above is for the purposes indicated. I understand that I must comply with procedures for requesting leave/approved absence, and provide additional documentation, if required.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE** \_\_\_\_\_  
**DATE**

**APPROVED**

\_\_\_\_\_  
**SUPERVISOR** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SECOND LEVEL SUPERVISOR** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**HR DEPARTMENT** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CHIEF EXECUTIVE OFFICER** \_\_\_\_\_  
**DATE**