



Request for Expanded Leave Under the Family & Medical Leave Act (EFMLA) Pursuant to the Families First Coronavirus Response Act

INSTRUCTIONS: Please complete all sections of this form and submit to the Human Resources & Legal Services Department.

Your name (Print):

First Middle Last

Address City State Zip

Phone Number

Job Title Regular work schedule

ELIGIBILITY FOR LEAVE – PLEASE PROVIDE DOCUMENTED PROOF SUCH AS NOTICE OF SCHOOL CLOSURE

(Initial) I certify that I am unable to work (or telework) because I am caring for a son or daughter who is 18 years old or younger and no other person will be providing care for the child during the period for which I am seeking leave.

Name of "Son or Daughter*": _____

Date of Birth (of Son or Daughter): _____

School/Daycare Provider name and address: _____

Telephone #: Fax #:

Approximate date of closure due to Coronavirus: _____

Probably duration of closure: _____

"Son or daughter" is defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and "incapable of self-care because of a mental or physical disability" at the time FMLA leave is to commence.*



Washtenaw ISD

A REGIONAL EDUCATIONAL SERVICE AGENCY

AMOUNT OF LEAVE REQUESTED

Leave requested (Start and end date): _____

Estimate the part-time or reduced work schedule (in 1-hour increments) if any:

_____ hour(s)/day _____ days/week from _____ through _____

FOR FIRST 10 DAYS (2 weeks)

_____ I would like the first 10 days of the leave period to be unpaid. Alternatively:

_____ I would like to use _____ vacation/Non-work days or _____ personal days, during the first 10 days. **Accrued sick leave shall not be used for childcare leave.**

_____ I am applying to use Paid Sick Leave under HR 6201 to provide childcare for the first 10 days. Compensation will be 2/3 of my regular rate at maximum of \$200 a day (or \$2,000 total during the 10-day period). **Accrued sick leave shall not be used for childcare leave.**

I understand that paid leave for the remaining available leave (up to 12 weeks based upon FMLA leave remaining) will be at 2/3 of my regular pay not to exceed \$200 a day (or \$10,000 total). During this period, I elect to use the following leave in accordance with District policy, Collective Bargaining Agreement, and/or Manual.

Vacation/Non-work day: _____ Personal: _____ Unpaid time: _____

I understand that the Employer can establish reasonable notice procedures in order for me to continue receiving the leave benefits and that I will promptly notify my Employer when my child's school or daycare re-open or I no longer need this leave. **Determination of eligibility for leave under the FFCRA, and/or additional documentation or clarification of documentation may be required prior to making a final determination to approve or deny the leave requested.**

Signature of Employee

Date

In most instances, you are entitled to be restored to the same or an equivalent position upon return from expanded family and medical leave. The District is prohibited from firing, disciplining, or otherwise discriminating against you because you take expanded family and medical leave or HR6201. The District cannot fire, discipline, or otherwise discriminate against you because you filed any type of complaint or proceeding relating to these Acts or have or intend to testify in any such proceeding. However, you are not protected from employment actions, such as layoffs, that would have affected you regardless of whether you took leave. This means your employer can lay you off for legitimate business reasons.

OFFICE ONLY:

Approved: _____ Denied: _____

Executive Director of HR and Legal (Name Printed)

Date

Executive Director of HR and Legal (Signature)