



Employee Request for Emergency Family and Medical Leave Expansion (E-FMLE)

Date Received by
Disability and Leaves:

To be completed by the employee

This form is used to request the Emergency Family Medical Leave Expansion (E-FMLE) for those employees who are scheduled to work (or telework) but unable to do so because their minor child's school or child care provider is closed due to COVID-19. If I am choosing to use my Employer Paid Sick Leave (EPSL) benefit for the first two (2) weeks of my (E-FMLE), there is a separate form that needs to be completed as well. If you have a need for more extended leave because of personal illness or must care for an immediate family member, Family Medical Leave (FMLA) programming may be of interest. E-FMLE is only applicable relating to the need for absence because of school or childcare closures. You must provide as much advance notice as is reasonably practicable. Please submit your request to the Office of Benefit Services using instructions on the reverse side of this form.

Your Name (Last, First, Middle)		Date of Request	
Your Home Address (street and apt. number)	City	State	Zip Code
Employee ID Number	Home Email Address	Home Phone Number	
Work Location	Region	Work Phone Number	
Position	Normal work hours/schedule		

Principal or Program Manager Notification

I have notified my Principal/Program Manager of my intent to request Emergency Family Medical Leave (E-FMLE).

Supervisor Name _____ Supervisor's Email and Phone Number _____

This is a (choose one): New request for leave Request for an extension of leave

I have notified my Principal/Program Manager of my intent to request Emergency Family Medical Leave (E-FMLE).

Anticipated Start Date of Leave: _____

Expected Return to Work Date: _____

Reason for Leave (check all applicable):

To be completed by the employee

I need to care for my minor child because my child's school has been closed due to COVID-19.

I need to care for my minor child because the child care provider for my son or daughter is unavailable due to COVID-19.

I need to provide care for a child older than 18 due to special circumstances due to the closure of a care provider unavailable because of COVID-19.

I will need (choose one): Continuous leave Intermittent leave

If you are requesting intermittent leave, please provide an estimate of the time period required, including a schedule, if leave is to be taken intermittently or on a reduced leave schedule:

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Child(ren)'s Information

(If additional space is needed, please provide names of children and school/childcare provider on a blank piece of paper submitted with this form.)

Name (First, MI, Last) and Age of Child	Name of School or Childcare Provider
Name (First, MI, Last) and Age of Child	Name of School or Childcare Provider
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Supporting Documentation *(check all applicable):*

The following document(s) is attached to support my request:

- Letter/Email from my child's school*/place of care
- Link (URL) of my child's school*/place of care confirming closure: _____
- Other communication (please specify): _____

**If all children listed on page 1 attend an FCPS school (or a public school in a local jurisdiction), no documentation is required.*

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave, if requested by FCPS. I certify there are no other childcare options available to me for the period of my childcare-related leave request. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the FFCRA. The Office of Benefit Services will provide email responses for approval and copy your supervisor as we work through this process with you.

Employee Signature

Date

Principal or Program Manager Signature

Date

When complete:

Scan and email form to: DisabilityandLeaves@fcps.edu

Or fax to: Disability and Leaves at 571-423-5013

Or mail to: Department of Human Resources
Office of Benefit Services, Suite 2700
8115 Gatehouse Road
Falls Church, VA 22042

Please understand that mailing your form(s) and supporting documentation during this time may result in processing delays. We encourage you to submit your request electronically.