

Family Medical Emergency Leave Act (FMLEA)
Request Form
SOUTHERN WESTCHESTER BOCES
Department of Human Resources



EMPLOYEE INFORMATION:	TO BE COMPLETED FOR APPROVAL OF A REQUEST FOR UTILIZATION OF FMLEA LEAVE
Name and Address: _____ Best Contact #: _____ - _____ - _____	<p><i>I request my entitlement for FMLEA leave because of the following situation:</i></p> <p><input type="checkbox"/> I am caring for my child(ren) because the school is closed or childcare provider is unavailable due to coronavirus</p> Child's Name: _____ Date of Birth: _____ Child's Name: _____ Date of Birth: _____ <p>Eligibility: Employees must have worked for the past 30 days</p> <p>Allowed Duration: 10 weeks after 2 weeks of EPSLA (paid emergency sick leave) used to care for a child whose school or day care closed due to COVID-19</p> <p>Permitted Purpose of Leave: to care for a child under the age of 18 whose school or day care provider is closed due to COVID-19.</p> <p>Payment Limits: Employees paid at a rate of two-thirds of employee's salary, not to exceed \$200 per day and \$10,000 in the aggregate; may use accrued personal and vacation time.</p>
Job Title: _____ Center/Location: _____ Supervisor: _____	<p>Documentation Needed: Correspondence or notification that child's school or child care provider is closed due to the Coronavirus outbreak.</p>
Employee ID#:	
Bargaining Unit:	
Requested Dates of Leave From: _____ To: _____	
Employee Signature:	Date Signed:
AUTHORIZATIONS:	
Official HR Action on Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Director of Human Resources _____ Date _____	
Payroll Directions:	

Emergency FMLA Leave Effective Dates: _____

Attendance Office Initials: _____