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| Employee Name Today’s Date

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 |
| Employee Street Address

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|       |

 |
| City State Zip Code

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**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:

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|        |

Employee Signature Date

|  |  |
| --- | --- |
|       |       |

Supervisor Signature Date

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**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. |

Emergency Family and Medical Leave Expansion Act –Leave Request Form