

**FMLA ELIGIBILITY SUPPLEMENTAL FORM
FOR COVID-19-RELATED LEAVE**

Effective for such requests made on or after April 1, 2020 through December 31, 2020.

The Families First Coronavirus Response Act, enacted on March 18, 2020, increases employee access to Family and Medical Leave Act (FMLA) leave to cover leave requests related to the COVID-19 pandemic. As of April 1, 2020, FMLA Leave is available to all employees who have been employed with their current employer for more than 30 days and who otherwise qualify. All paid leave is subject to the caps outlined below. Please ask us with any questions. This Form is supplemental in nature and need only be completed if your FMLA Leave request relates to COVID-19 and is not covered by the other FMLA forms provided.

EMPLOYEE COVID-19 RELATED LEAVE REQUEST:

Date: _____ Employee ID: _____

Name (please print): _____

Employee Title/Position: _____ Department: _____

Employee Supervisor: _____

____ I would like to request FMLA Leave because of a qualifying need related to a public health emergency in accordance with the FMLA. A qualifying need related to a public health emergency means you are unable to work (or telework) due to a need for leave to care for your son or daughter under 18 years of age if their school or place of care has been closed, or the child care provider of your son or daughter is unavailable, due to an emergency related to COVID-19 declared by a Federal, State, or local authority.

Dates of Leave Requested: _____

This FMLA Leave, after the first two weeks, is eligible for partial pay, which is two-thirds of your regular compensation, capped at \$200 per day or \$10,000 total. Compensation for FMLA Leave taken because of COVID-19 will be determined based on the number of hours you are normally scheduled to work. Exact compensation will be reviewed upon submission of this form and will vary depending upon the type of leave requested. If necessary, the State may request additional information or documentation regarding this request for leave.

PLEASE NOTE THAT EXCEPT AS STATED IN THIS FORM, ALL OTHER TERMS AND CONDITIONS OF THE FMLA CONTINUE TO APPLY. Refer to other FMLA policies to determine and understand such requirements.

Health care providers and emergency responders will be not be eligible for this leave.

Employee Signature: _____ Date: _____