

## Request for Expanded Family and Medical Leave

To request expanded family and medical leave as provided under the Families First Coronavirus Response Act and the MSU Emergency Paid Sick Leave and Expanded Family and Medical Leave Policy, complete this request form, attach supporting documentation, and submit to your supervisor and HR-Benefits as soon as possible before leave commences. You must provide documentation in support of your request as specified in applicable IRS forms, instructions, and information and applicable university policy. Verbal notice will be accepted until the request form and documentation can be provided. Incomplete requests will not be approved. Email Denise Lofton at [hrbenefits@missouristate.edu](mailto:hrbenefits@missouristate.edu) if you have questions.

Date: \_\_\_\_\_

M# \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department/Office: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

1. I am requesting this expanded family and medical leave due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child's school or place of care, due to concerns related to COVID-19.
- The unavailability of my child's regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

2. Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you need to use Expanded Family and Medical Leave:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office of Human Resources Only

Date Leave Request Received: \_\_\_\_\_

 Approved

 Denied

Reason for Denial: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep all records for at least 4 years after the date the tax becomes due or is paid, whichever comes later.

## Request for Expanded Family and Medical Leave

### Employee Statement Supporting Expanded Family and Medical Leave Request

I have attached appropriate documentation supporting my need for leave.

I, \_\_\_\_\_, provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

**1. Name of school or place of care closed due to concerns related to COVID-19:**

**2. Name of child caregiver unavailable due to concerns related to COVID-19:**

**3. Name and age of child or children I am needed to care for:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**4. No other suitable person is available to care for my child for the requested leave period due to:**

**5. The special circumstances requiring my need for leave to care for a child ages 15-17 are:**

I attest that the information provided is accurate and complete. I understand that falsification of any information provided, failure to provide the required documentation either at the time of request or a later date, may result in denial of this request and/or disciplinary action, up to and including termination.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Request for Expanded Family and Medical Leave**

“Child” means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

“Child care provider” means a provider who receives compensation for providing child care services on a regular basis, including:

- A center-based child care provider.
- A group home child care provider.
- A family child care provider (one individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence).
- Other licensed provider of childcare services for compensation.
- A childcare provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.

“School” means an elementary or secondary school