

# Emergency Family and Medical Leave Expansion Act – Leave Request Form

Employee Name	Today's Date
<input type="text"/>	<input type="text"/>

Employee Street Address
<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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:
<input type="text"/>	<input type="text"/>

**Please complete the following section if leave will be taken intermittently.**

Schedule of needed time off:

<input type="text"/>
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Employee Signature	Date
<input type="text"/>	<input type="text"/>

Supervisor Signature	Date
<input type="text"/>	<input type="text"/>

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.