**[Employer Legal Name and DBA if applicable]**

**Public Health Emergency Leave/Expanded FMLA Request Form**

**Families First Coronavirus Response Act**

1. Employee Name (print): Click here to enter text.

2. The date or dates for which leave is requested:  
Click here to enter a date. - Click here to enter a date.

**By completing this form, I attest that I am unable to work or telework for the following reason (complete all form fields as applicable):**

* I am caring for a son or daughter whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.  
    
  Name(s) of son(s) and/or daughter(s) being cared for:  
    
  Click here to enter text.  
  Age: Click here to enter text.   
    
  Click here to enter text.  
  Age: Click here to enter text.  
    
  Click here to enter text.  
  Age: Click here to enter text.

Name of the school, place of care, or child care provider that has closed or become unavailable:  
  
Click here to enter text.

By completing this reason section above, I also affirm that that no other person will be caring for the above-named son(s) or daughter (s) during the period for which I am requesting paid sick leave. I further affirm that if the above-named son(s) and/or daughter (s) are over the age of 14 and care is needed during daylight hours that special circumstances exist requiring me to provide care.

**I certify that the above information is true and correct.**

Click here to enter text.Click here to enter text.

**Employee Signature Date**