

**Request for Emergency Family & Medical Leave Expansion Act Form**

**Employees who have been employed for at least 30 calendar days prior to their leave request may be eligible for up to 12 weeks of partially paid expanded family and medical leave to care for their child(ren) whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. If a child older than fourteen (14) years of age is listed, please provide a statement describing the special circumstances requiring child care for that child (additional documentation may be required). If this situation pertains to you, please complete the following information and return it to the Office of Human Resources via email at** [**benefits@bgsu.edu**](mailto:benefits@bgsu.edu)**.**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BGSU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Relationship | Age | School or Care Provider |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Requested Dates for **Emergency Family & Medical Leave Expansion Act:**

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I certify that the above information is accurate to the best of my knowledge, and that this request for Emergency Family and Medical Leave Expansion Act is to provide care for my child(ren) whose school or place of care is closed due to COVID-19 related reasons. In addition, I certify that no other individual will be providing care for my child(ren) during the work period in which I am requesting Emergency Family & Medical Leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature Date

----------------------------------------------------------------------------------------------------------------------------------------------------------------**HR Use Only:**

Approved  Denied From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_