

Request for FMLA Leave Expansion

To request FMLA Leave Expansion as provided under the Families First Coronavirus Response Act and Town of Christiansburg's Emergency Paid Sick Leave and FMLA Leave Expansion Policy due to COVID-19, please complete the following request form and submit to your supervisor as soon as possible before leave commences.

Employee Name (print clearly): _____

Department: _____

Supervisor: _____

Requested Leave Start Date: _____ Estimated End Date: _____

Eligibility: Employees are eligible if they have been employed with the Town of Christiansburg since March 2, 2020 and are unable to work (or telework) due to a need to care for their child when the school or place of care has been closed, or the regular childcare provider is unavailable due to a public health emergency with respect to COVID-19.

Duration of Leave: Employees will have up to 12 weeks of leave to use from April 1, 2020 through December 31, 2020 for purposes stated above. This time is included in and not in addition to the total FMLA leave entitlement of 12 weeks in a 12-month period.

Pay During Leave: Leave is unpaid during the first 10 days; however, employees may use emergency paid sick leave provided under the Emergency Paid Sick Leave Act. After the first 10 days, leave will be paid at two-thirds of an employee's regular rate of pay, not to exceed \$200 per day. Employees may supplement the additional one-third with any accrued personal leave to include personal sick leave.

Employee Affidavit:

I attest that I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. I will keep my supervisor informed of my return to work status.

Select option below:

I would like to supplement with one-third of my personal leave (2.7 hours per day) in order to receive full pay for up to an additional 10 weeks. Leave type to supplement _____.

I would not like to supplement my pay. I am aware I will be paid two-thirds of my regular rate of pay, not to exceed \$200 per day, for up to an additional 10 weeks.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

Human Resources Signature _____ Date _____