

Expanded Family Leave Request Form

Employee Name: _____	
Expected Start Date: _____	Expected End Date: _____
<p>_____ (initial) I confirm that I am caring for my child(ren) whose school or place of care of the child has been closed, or the child care provider of such child is unavailable, due to COVID-19 precautions;</p> <p style="padding-left: 40px;">Name(s) of Child(ren) to be cared for: _____</p> <p style="padding-left: 40px;">Age(s) of Child(ren) to be cared for: _____</p> <p style="padding-left: 40px;">Name of School(s) or Place(s) of Care: _____</p>	
<p>_____ (initial) I confirm that no other suitable person is available to care for the child nor will be providing care for the child during this period.</p>	
<p>If your child(ren) is/are over the age of fourteen:</p> <p>_____ (initial) I confirm that special circumstances exist requiring me to provide care for a child older than fourteen during daylight hours.</p>	
<p>_____ (initial) I confirm that I am unable to work due to the reason listed above, including any telework that is offered to me during this time.</p>	

If you have any questions regarding your eligibility under FFCRA, please contact _____ at _____.

I certify that all of the information above is accurate and complete. I understand that if my return date must be extended, I must contact _____ as soon as possible and submit any necessary documentation to support the extension.

Employee Signature: _____ Date: _____

Employer Section:

Step 1: Determine Employee's Eligible Hours

Average hours worked in a 2 week period: _____

OR

If employee's hours vary, the average number of hours each day that the employee was scheduled to work over the period of employment, up to the last six months: _____

Step 2: Calculate Rate of Pay

2/3 of Employee's Regular Rate of Pay: _____

Total Paid to Employee under this leave*: _____

**Maximum of \$200 per day and \$10,000 in the aggregate.*

Step 3: Retain the Following Items for Documentation Purposes

1. Documentation to show how you determined the amount of qualified health plan expenses that the employer allocated to wages.
2. Copies of any completed Forms 7200, Advance of Employer Credits Due To COVID-19, that you submitted to the IRS.
3. Copies of the completed Forms 941, Employer's Quarterly Federal Tax Return, that you submitted to the IRS (or, for employers that use third party payers to meet their employment tax obligations, records of information provided to the third party payer regarding the employer's entitlement to the credit claimed on Form 941).