



GRAND TRAVERSE COUNTY FMLA Expansion Act Leave Request (EFMLA) Form

Please complete this form to request Families First Coronavirus Response Act (FFCRA) under the FMLA Expansion Act. Leave will be granted and administered in accordance with the FMLA Expansion Act and the Grand Traverse County FMLA Expansion Act Policy.

Employee _____ Title _____ Date of Hire _____

Supervisor _____ Today's Date _____

REASON FOR LEAVE:

_____ I hereby truthfully state that I must care for my child/children under the age of 18 whose school (K-12) or childcare was closed because of the COVID-19 public health emergency.

Provide names/ages of children and description/details of closed school/childcare as appropriate:

Date leave to start: _____ Date of anticipated return to work: _____
(max 12 weeks of leave – first 10 days unpaid or from paid leave bank; thereafter pay by policy)

Signature of Employee/Representative

Date

Supervisor's Signature

Date

Request for leave has been approved and is:

_____ Approved; number of weeks approved: _____

_____ Denied. If denied, reason: _____

Reviewed by: _____

Signature of HR Personnel

Date