



REQUEST FOR EXPANDED FAMILY MEDICAL LEAVE FOR CHILDCARE

Please complete the form by answering all twelve (12) questions and leaving **NO** fields blank

1. Employee's full name: _____ Employee #: _____
2. Employee's address: _____
3. Employee's phone number/email address: _____
4. Division/Department/Unit in which employee is regularly employed: _____
5. Employee's job title: _____
Regular work hours: _____ Date of hire: _____
6. Employee is seeking Expanded Family Medical Leave [Exp. FMLA code] for CHILDCARE and meets the following requirements:
 - Employed with LFUCG for at least 30 calendar days.
 - Is unable to work or telework due to a need to care for a child under the age of 18 because school and/or daycare closure.
7. Name and date of birth of child (ren):

8. Name school and/or childcare: _____
9. Date on which requested X-FML is to commence: _____
10. Date on which X-FML is expected end: _____
11. Date employee expects to return to work: _____
12. Intermittent: Yes No If so, please indicate how often (twice a week, every third day, etc.):

By signing below, the employee acknowledges they have read and understand the Expanded Family Leave Policy and meets the criteria for eligibility.

Employee's Signature

Date

COMPLETED FORMS SHOULD BE SENT TO HR-BENEFITS FOR PROCESSING

