

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLEA)**

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and GPA/GWA's Emergency Family and Medical Leave Expansion Act Policy. Please complete the following and submit to your Manager or the Human Resources Division as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided. Documentation supporting the need for leave must be included with this request. For positions that are deemed critical to the operations of the Authority, the General Manager has the discretion to approve or disapprove leave.

TO BE COMPLETED BY EMPLOYEE

Employee's Name:		Employee Number:
Department:	Division:	Position Title:
Requested Leave Start Date:	Leave End Date:	Requested Hours:

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child(ren) due to:

- The closing of my child's school or place of care, due to COVID-19.
- The unavailability of my child's regular child care provider due to reasons related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child(ren) during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child(ren) ages 14-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time
- For a reduced work schedule (change in work schedule needed – fewer hours per day or fewer hours per week)

If a reduced work schedule is needed, indicate the days and hours you are available for work:

- | | |
|--|---|
| <input type="checkbox"/> Monday _____ hours | <input type="checkbox"/> Friday _____ hours |
| <input type="checkbox"/> Tuesday _____ hours | <input type="checkbox"/> Saturday _____ hours |
| <input type="checkbox"/> Wednesday _____ hours | <input type="checkbox"/> Sunday _____ hours |
| <input type="checkbox"/> Thursday _____ hours | |

I have attached the appropriate documentation supporting my need for leave.

Employee's Signature and Date: _____

SUPERVISORY APPROVAL

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	_____
	IMMEDIATE SUPERVISOR SIGNATURE / DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	_____
	DIVISION HEAD SIGNATURE / DATE

HUMAN RESOURCES DIVISION

_____ ZINA PANGELINAN-CHARFAUROS, Personnel Services Administrator / DATE

EXECUTIVE APPROVAL

<input type="checkbox"/> APPROVED	_____
<input type="checkbox"/> DISAPPROVED	_____
	ASSISTANT GENERAL MANAGER or CFO (Print Name & Signature)/ DATE
<input type="checkbox"/> APPROVED	_____
<input type="checkbox"/> DISAPPROVED	_____
	MIGUEL C. BORDALLO, P.E., GENERAL MANAGER / DATE

**EMPLOYEE'S SUPPORTING STATEMENT FOR
EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS ACT**

I, _____, provide the following information in support of my
(Print Name)

Request for Expanded Family and Medical leave:

Leave due to a school or place of child care closed due to COVID-19

Name of Child	Age	Name of school or place of child care
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of child caregiver unavailable due to reasons related COVID-19:

No other suitable person is available to care for my child for the requested period due to:

The special circumstances requiring my need for leave to care for a child(ren) ages 14 – 17 are:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

EMPLOYEE SIGNATURE

DATE