

CITY OF WYOMING

REQUEST FOR LEAVE COVERED BY Family Medical Leave Expansion Act (FMLEA)

Full Name _____ Department _____
First M.I. Last

I request leave for the following purpose covered by the FMLA:

1. Unable to work (or telework) due to the need to care for my son or daughter (under 18 years of age) due to school closure as a result of the Public Health Emergency COVID-19.
2. Unable to work (or telework) due to the need to care for my son or daughter (under 18 years of age) due to child care closure as a result of the Public Health Emergency COVID-19.

Beginning Date Requested: _____

Ending Date Requested: _____

Leave Time – Initial 10 Day Period:

Under the Act the initial 10 days are unpaid. You may elect to use any accrued leave time during this initial 10 day period. If you wish to use accrued leave time during this period, please indicate which form of leave you will be using, in which order, and the number of hours of each:

Type of Leave	Rank in Order of Preference (1-5)	Number of Hours
Sick		
Vacation		
Floating Holiday		
Compensation Time		
Emergency Paid Sick Leave*		

*refer to the FMLEA policy

Leave Time – After the Initial 10 Day Period:

You are entitled to paid FMLEA in amounts (time and pay) as specified in the Act and according to the City's policy. If you wish to supplement this pay with time from your accrued leave balances, please indicate which form of leave you will be using, in which order, and the number of hours of each:

Type of Leave	Rank in Order of Preference (1-5)	Number of Hours
Sick		
Vacation		
Floating Holiday		
Compensation Time		
Emergency Paid Sick Leave*		

Employee Signature: _____ Date: _____

Reviewed by: _____ Date: _____
Department Head or Designated Supervisor

Reviewed by: _____ Date: _____
Human Resources