

Paid Expanded Family and Medical Leave

<input type="text"/>	<input type="text"/>
Employee Name	Phone Number
<input type="text"/>	<input type="text"/>
Address	Email Address
<input type="text"/>	<input type="text"/>
Title	Supervisor
<input type="text"/>	<input type="text"/>
Leave Begin Date	Leave End Date

I am unable to work (or telework) for the following reason:

I am caring for my child (under the age of 14) because their school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19. I certify that no other suitable person is available to care for the child(ren) during the period of requested leave. If child is over 14, I further certify that there are special circumstances that require me to provide care for them.

- Name and age of child(ren):

- Name of school or place of care that has closed or is unavailable:

I attest that the information I have provided above, and documentation provided is complete and accurate. I understand that falsification of any information given may lead to disciplinary action up to and including termination.

<input type="text"/>	<input type="text"/>
Authorized Signature*	Date



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