EMERGENCY FMLA FORM

EMPLOYEE NAME: ________________________________________________________________

DATES OF LEAVE: ________________________________________________________________

REASON FOR LEAVE:

☐ Employee, who has been employed for at least 30 days, is unable to work (or telework) due to a need for leave to care for a son or daughter due to a public health emergency declared by federal, state, or local authority related to COVID-19

Employer Representative Signature: _________________________________________________
Date: ________________________________