

LEAVE REQUEST FORM - CARE FOR CHILD(REN) DUE TO LACK OF SCHOOL OR CHILDCARE

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ 855#: _____

Dept.: _____

WP E-mail: _____ Alternate E-mail: _____

WP Phone: _____ Alternate Phone: _____

Title: _____

Supervisor's Name: _____

REASON FOR LEAVE

Emergency Paid Sick Leave (2 weeks, up to 80 hours):

Because of COVID-19, I am unable to work or telework because I:

_____ 1. Am caring for my child(ren) under 18 years of age whose school or place of care is closed, or whose child care provider is unavailable.

I _____ have or _____ have not received Emergency Paid Sick Leave previously (whether through the University or a prior employer).

Expanded Family and Medical Leave (12 Weeks of Leave – 2 weeks unpaid, 10 weeks paid):

_____ Because of COVID-19, I am unable to work or telework because I am caring for my child under 18 years of age whose school or place of care is closed, or whose child care provider is unavailable.

REQUEST TO USE BENEFITS

_____ Emergency Paid Sick Leave (10 days)

_____ Expanded Family and Medical Leave (12 weeks), with 2 weeks unpaid and 10 weeks paid.

I choose the following option during the unpaid period:

_____ 10 days unpaid leave **OR**

_____ 10 days paid Emergency Paid Sick Leave **OR**

_____ 10 days accrued vacation, personal or comp time leave

DATES FOR WHICH LEAVE IS REQUESTED

LEAVE WILL BE TAKEN AS (check all that apply):

_____ a block of time from _____ to _____
(month/day/year) (month/day/year)

_____ intermittently (e.g., separate blocks of time or any part of a single day due to a single qualifying reason) (please describe on separate sheet and attach to application)

Start/end date of intermittent leave _____

NOTE: Emergency Paid sick leave may only be taken intermittently if you are either 1) teleworking, or 2) working at your usual worksite and requesting leave to care for your own child whose school or place of care is closed, or whose child care provider is unavailable because of COVID-19 related reasons. If working at your usual worksite, leave must be taken in full day increment unless requesting leave to care for your own child whose school or place of care is closed, or whose child care provider is unavailable because of COVID-19 related reasons. Expanded family and medical leave may be taken intermittently.

_____ My minor child's* school or child care facility has closed due to COVID-19.

or
_____ My minor child's* child care provider is unable to provide services due to COVID-19.

For each child, please provide the following information (attach additional pages if necessary):

_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider
_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider
_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider
_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider

_____ I have submitted a copy of the current school reopening plan to the Benefits Office. I understand that I am required to submit updates if school plan changes.

Another suitable person will be caring for my child(ren) during the time for which I am requesting leave:
_____ Yes _____ No

* "Child" includes children under 18 years of age and children age 18 or older who are incapable of self-care because of a mental or physical disability.

I certify and affirm that I am unable to work (including telework) because of the above indicated reason and that the information provided in this certification form is true and correct.

Employee Signature

Date:

Please save the completed and signed document to your device and return via email to: payroll@wpunj.edu

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