



**State of Delaware  
Department of Human Resources**

**COVID-19 FEDERAL EMERGENCY FAMILY and MEDICAL LEAVE ACT (FPEL) EXPANSION  
LEAVE REQUEST FORM**

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| <b>COVID-19 FPEL Temporary Statewide Form</b> | <b>Authority: Director of Office of Management and Budget’s authority to manage expenditures for the continuity of state government operations and with the approval of the General Assembly; Merit Rule 5.7</b> |
| <b>Effective: January 1, 2022</b>             | <b>Supersedes: September 9, 2021 FPEL Form</b>   |

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Department/Division: \_\_\_\_\_

I am a (choose one):  Full-Time  Part-Time  Casual/Seasonal Employee

**Requested Leave Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

I am requesting Paid Expanded Family and Medical Leave (FPEL) due to my inability to work (or telecommute) because I need to care for my child(ren) due to school or childcare closure related to COVID-19.

The Families First Coronavirus Response Act (FFCRA) provides eligible employees up to 12 weeks of expanded Family and Medical Leave Act (FMLA) leave and may only be taken due to a bona fide need for leave to care for their son or daughter under 18 years of age whose school or childcare provider is closed or unavailable for reasons related to COVID-19. Special circumstances may apply that would cover a child who is 18 years of age or older. This time is included in, not in addition to, the total FMLA leave entitlement of 12 weeks in a 12-month period.

The first two weeks (10 workdays) of expanded FMLA are considered an elimination period and are unpaid. An employee shall use unused Federal Emergency Paid Sick Leave (FPSL), accumulated compensatory time, accrued Sick and/or Annual Leave per the Merit Rules, if eligible and applicable. **If an employee has a remaining balance of State Paid Emergency Leave (SPEL), the SPEL shall be used concurrently with any remaining FPSL.**

To cover the two weeks (10 workdays) unpaid elimination period, please select from below:

- \_\_\_\_\_ (# hours) **Unused** FPSL  \_\_\_\_\_ (# hours) Accrued Annual Leave
- \_\_\_\_\_ (# hours) Accrued Sick Leave  \_\_\_\_\_ (# hours) Accumulated Compensatory Time
- \_\_\_\_\_ (# hours) Floating Holidays (**must** be used in full-day increment)

Through the FPEL, eligible employees will receive 2/3 of their regular earnings based on their standard weekly hours for week three (3) through twelve (12) of the expanded FMLA. If an employee has a remaining balance of SPEL, the SPEL shall be used concurrently with any remaining FPEL. Employees must choose to cover the 1/3 of their regular earnings not covered by FPEL for the expanded FMLA in one of the following ways (select all that apply):

- \_\_\_\_\_ (# hours) **Unused** State Paid Emergency Leave (SPEL)  \_\_\_\_\_ (# hours) Accrued Sick Leave
- \_\_\_\_\_ (# hours) Accrued Annual Leave  \_\_\_\_\_ (# hours) Compensatory Time

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**Temporary Statewide Form  
Rev. Date: Jan. 1, 2022**

**Time off work is expected to be for (choose one):**

- A continuous period of time       An intermittent period of time

If requesting intermittent leave, indicate the days and hours needed per pay period. If additional space is needed, please use a separate piece of paper.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |

**Name of school(s) or childcare facility closed due to concerns related to COVID-19:**

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I have read and understand the attached COVID-19 Leave Policy and agree to the duties, obligations, responsibilities and conditions to request leave therein. I attest that the above information is accurate and complete. I understand that management may, at any time, change any or all the conditions under which I am permitted to use leave, or withdraw permission temporarily without cause or explanation.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purposes of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A, may be provided by checking the box as indicated, electronic initials or name, or e-mail confirmation.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Employee Supervisor Signature and Date

\_\_\_\_\_  
Agency Human Resources Signature and Date

Approved

Denied

**EXCEPTIONS/EXCLUSIONS:**

Employees that fall into the categories of emergency responders and health care providers are eligible for leave if they are quarantined or ill due to COVID-19. However, these employees are not eligible to utilize leave for other reasons related to COVID-19 such as leave to care for ill or quarantined family members or for childcare purposes.

*This policy is not intended to create any individual right or cause of action not already existing and recognized under State and Federal law.*