



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

COVID-19 FMLA FPEL Temporary Statewide Form	Authority: Families First Coronavirus Response Act (FFCRA); State of Delaware State of Emergency Declaration – March 12, 2020 and all Modifications
Effective: April 1, 2020; End Date: December 31, 2020, or until the Orders are rescinded.	Supersedes: COVID-19 FMLA FPEL Form issued 4.20.2020

Employee Name: _____ Date: _____

Employee Title: _____ Date of Hire: _____

Department/Division: _____

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

I have used FMLA leave in the last 12 months: Yes No Unsure

Requested Leave Start Date: _____ **End Date:** _____

I am requesting for 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 FFCRA provides eligible employees up to 12 weeks of expanded Family and Medical Leave Act (FMLA) and may only be taken due to a bona fide need for leave to care for his/her son or daughter under 18 years of age whose school or child care provider is closed or unavailable for reasons related to COVID-19. 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 may use unused Federal Emergency Paid Sick Leave (FPSL), accumulated compensatory time, accrued Sick and/or Annual Leave per the merit rules, or Borrow-Ahead Leave, if eligible and applicable. **If an employee has a remaining balance of SPEL, the SPEL shall be used concurrently with the 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) **Compensatory Time**
- _____ **Floating Holiday/s (Must be used in full day increment)**

Eligible employees who need to supplement with Borrow-Ahead Leave must review the [COVID-19 Borrow-Ahead Leave Procedure](#) and complete the [COVID-19 Borrow-Ahead Leave Agreement Form](#) associated with it.

Through the FPEL, eligible employees will receive two-thirds of their regular earnings based on their standard weekly hours for week 3 through week 12 of the expanded FMLA. **If an employee has a remaining balance of SPEL, the SPEL shall be used concurrently with the FPEL. Employees may choose to cover the 1/3 of their regular earnings not covered by FPEL for the expanded family and medical leave 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:**

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 closed due to concerns related to COVID-19:

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 request leave, or withdraw permission temporarily or permanently 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/Date

Employee Supervisor Signature

Agency Human Resources Signature/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 child care 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.