



STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

TOWN OF ELLINGTON

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www.ellington-ct.gov

Request for **Expanded FMLA Leave** (Coronavirus)

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and Town of Ellington’s Expanded Family and Medical Leave Policy, please complete the following request form and submit to your manager or the human resources department either prior to leave or as soon as possible after leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): _____

Department: _____

Supervisor: _____

Requested Leave Start Date: _____ End Date: _____

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child’s school or place of care, due to concerns related to COVID-19.
- The unavailability of my child’s regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I have provided my employer documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

First Selectman Signature: _____ Date: _____

Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

Name of school or place of care closed due to concerns related to COVID-19:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____

BOS APPROVED: November 9, 2020

Distribution: Employee Department Head Medical File Payroll