Before you begin your application, to the extent possible, please ensure that you have the required supporting documents completed and readily available for submission. A list of the required documents is provided at the end of this application. Please print, scan, or take a clear photograph of the front and back of your completed documents and submit them as an attachment at the end of this application. Please note that you will not be able to submit your application if you do not have the required supporting documents.

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| **1. EMPLOYEE INFORMATION** |  | **2. EMPLOYEE CONTACT INFORMATION** |
| **Employee Name** | **Employee Address** |
| **Position Title** |
| **Administration** |
| **Employee’s Supervisor** | **Email Address** |
| **Employee ID Number** |
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| **3. REASON FOR LEAVE REQUEST** | | |
| **a. Select one** **option.**  I am requesting use of extended/flexible business hours (without use of COVID Sick Leave hours). Applicant may use a maximum of four offline hours per day.  I am requesting COVID-19 Sick Leave. | | |
| **b. If you selected “I am requesting COVID-19 Sick Leave” in (a), please specify the qualifying event.**  I have been ordered to quarantine, or isolate pursuant to a Federal, State, or local quarantine or isolation order.  I have been ordered to quarantine pursuant to advisement from a health care provider.  I have symptoms of COVID-19 and am seeking a diagnosis.  I am caring for a family member or member of my household who is subject to a District, federal, or state quarantine or isolation order or advised to self-quarantine by a health care provider, relating to COVID-19.  I need to care for my child because his/her school or childcare provider is unavailable. | | |
| **c. If you are requesting a flexible schedule or to use the COVID-19 Sick Leave for childcare purposes,** please indicate the number of workdays and the number of hours per day in the box below. You may request up to four hours per day for either option.   * Example: For a flexible schedule request, “I am requesting 3 offline hours to use 5 days per week.” * Example: For a COVID Sick Leave request, “I am requesting COVID Sick Leave to use 3 days per week at 3 hours per day.”  |  | | --- | | *Note: If an applicant is approved for a flexible work schedule or the use of COVID Sick Leave, the employee and his/her supervisor shall coordinate and agree upon the hours scheduled.* | |  | |  | |  | | | |
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| **5. EMPLOYEE CERTIFICATION** | |
| **I certify that the information provided in this document is true and accurate and that I am eligible for a flexible or COVID Sick Leave. In addition, I understand that the making of a false statement on this document is a violation of law and subject to criminal penalties. I also understand that if I am applying for a flexible schedule or COVID sick leave, that this benefit will immediately expire upon the end of the public health emergency. By signing this form, I certify that I understand and agree to all the terms described, and that I agree to have all notifications regarding my application and eligibility for leave programs sent to the email address provided on this form.** | |
|  | |
| **Sign** | **Date** |
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| **6. AGENCY ACKNOWLEDGEMENT** | |
| **Your agency FMLA Coordinator must sign below acknowledging your request for a flexible schedule or COVID Sick Leave. By signing below, your agency FMLA Coordinator agrees to send you notifications regarding your application and eligibility for leave programs using the email address provided on this form.** | |
|  | |
| **Sign** | **Date Email** |