|  |
| --- |
| **FMLA Family First School/Childcare Closure Leave Certification (OV2002)** |

***EMPLOYEES ARE ELIGIBLE FOR FMLA FAMILY FIRST SCHOOL/CHILDCARE CLOSURE BENEFITS (partial paid leave) IF YOU HAVE WORKED FOR YOUR ORGANIZATIN FOR 30 CALENDAR DAYS***

NOTE: If you work for an employer with more than 50 employees within a 75 mile radius and you are requesting **Family First Sick Leave** for your own qualifying serious health condition or to take care of a qualifying family members’ COIVD-19 related serious health condition, please complete your company’s existing FMLA Medical Leave Certificate Form. **This certificate if for Family First FMLA School Age Childcare/School Closure Leave only.**

COVID-19 qualifying events under **Family First Sick Leave** benefits will run concurrent with existing FMLA job/medical benefit protection for the following reasons that **meet FMLA Serious Health Condition Criteria**:

* Advised by health care provider to self-quarantine or experiencing symptoms
* Caring for a covered family member (if qualified under FMLA) subject to criteria above, or
* Experiencing similar condition as specified by the Secretary of HHS

FMLA benefits will apply as indicated above if you have existing FMLA leave available and meet the following FMLA eligibility requirements:

* Worked 1250 actual hours in the past year AND have been an employee for at least 12 months cumulatively over the past 7 years (From the date the leave begins)

COVID-19 **Family First Sick Leave** benefits also run concurrent with COVID-19 Family First FMLA for School/Childcare Closure leave.

**Please confirm if you would like us to utilize any existing accrued leave to supplement the portion of your wages not covered by the Family First Sick Leave or Family First FMLA benefits. YES \_\_\_\_\_\_\_ Or NO \_\_\_\_\_\_\_**

**To be completed by employee**:

1. Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please confirm the reason for the Family First FMLA COVID-19 leave (notification enclosed):

* \_\_\_\_ Child Under 18, School Closure, ages of children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_ Child Under 18, Childcare Closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date (or approximate date) for beginning of requested leave: \_\_\_\_\_\_\_\_\_
2. Will you be able to perform work of any kind during your need for school/childcare closure leave?
   * No, not at this time, I require a **single continuous period of leave** time
   * Yes, with a predictable **reduced-work schedule** OR with **intermittent leave (please note if you are requesting to work from home you will be required to obtain confirmation that your position is eligible for a temporary telecommute working environment AND be able to confirm you will not be providing childcare activities during your scheduled work hours)**
3. If YES, please answer the following questions for the purpose of confirming the period of time that childcare will be needed (as opposed to your need to be in the home. Direct childcare is not required by you for toddlers/school age children if you have an alternate childcare provider of if you are able to perform the functions of your job during your scheduled work hours):
   * If you need a **reduced work schedule,** confirm what hours/days per week you are required to be *off work* to perform childcare activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + If you need an **intermittent leave schedule,** confirm what hours/days per week you are expecting to take off work to perform childcare activities. Please be as specific as possible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following GUIDELINES apply to employees who are requesting a reduced work schedule or intermittent leave and will be telecommuting for any portion of the workday during a school/childcare closure:**

* + I am requesting the opportunity to work part-time during the required school and/or childcare closure. I understand if I am requesting to perform the functions of my job in a telecommute environment, it is not approved until HR has formally verified my job position is eligible for a telecommute environment and I have been approved to work from home if I do not currently telecommute to work.
  + I further acknowledge, if I telecommute to work, I am responsible and able to perform my job functions during the agreed upon telecommute work hours. If I am an hourly employee, any breaks in work time providing direct childcare activities will be reflected as breaks in time worked on my timecard. If I am an exempt level employee and I am requesting to work a reduced / intermittent work schedule, the exact nature of the reduced work schedule will need to be evaluated, confirmed, and approved by HR and may include an adjustment to my weekly compensation.
  + I recognize, as an hourly employee, it is my sole responsible to maintain normally scheduled breaks and mealtime off work for lunch in compliance with our company policy and reflect those breaks on my time keeping system.
  + Additionally, I understand it is my responsibility to meet the agreed upon telecommuting job position responsibilities and further acknowledge, recognize, and agree, that if it is determined I am unable to meet the expectations of my job tasks during my telecommuting working hours as a result of breaks in working activities or as a result of the telecommute environment, the reduced work / intermittent leave telecommute agreement will be rescinded, and I will be authorized to take any available FMLA time left for the full amount of my normal work day/week, through December 31, 2020 for qualifying school/childcare closure leave.

**My signature below acknowledges that I am confirming the following is true and correct:**

* + I have been informed that my children’s school or childcare will be closed for the timeframe estimated above.
  + I have read and acknowledge that I am requesting a reduced work schedule or intermittent leave and will be working telecommuting from home.
  + I have read and agree to the guidelines stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Signature of Employee Date