

ODVN Emergency Family and Medical Leave Request

Employee Name: _____

Requested Leave Start Date: _____ Estimated End Date: _____

Any employee that the Ohio Domestic Violence Network has employed for at least 30 days is immediately eligible for Emergency FMLA Leave under this policy. An employee may take up to 12 weeks of Emergency FMLA Leave under this policy due to a public health emergency regarding COVID-19 declared by a federal, state or local authority where the employee is unable to work (including an inability to telecommute) for childcare reasons.

Please indicate the reason for this Emergency FMLA request:

- I need to take care of my child(ren) because my child(ren)'s school or place of care has closed because of the COVID-19 emergency.
- The child care provider for my child(ren) is unavailable because of the COVID-19 emergency.

Per Department of Labor guidelines, please provide the following:

Name of the child(ren) being cared for: _____

Name of the school/place of care that has closed: _____

OR

Name of child care provider that has become unavailable: _____

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

- For a continuous block of time (several continuous days, weeks or months off work).
- On an intermittent basis (Whether intermittent leave is permissible will depend on the circumstances and further guidance from DOL. If such scheduling is needed, please notify your immediate supervisor, who will then advise the Executive Director and the Director of Administration.

By signing this document, I confirm that no other suitable person is available to care for my child(ren) during the requested period of leave.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor, please forward to the Executive Director and the Director of Administration.