|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Texas State ID#: | |  |

**Instructions:** Please select the box next to the reason for your application for Expanded Family and Medical Leave and complete all requested information within that selection. Sign, date, and attach to your request in the SAP Portal.

**I certify that I am unable to work or telework for the following reason:**

I need to care for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons due to COVID-19.

|  |  |  |
| --- | --- | --- |
| Names and ages of children I must care for: | *Example: Bobbie Bobcat (6) & Daffy Duck (4)* | |
| Names of each unavailable school or childcare provider: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am requesting **intermittent** leave as follows: | | | | | |
| *Example, if someone can care for your child M/W/F and you only need Expanded Family Medical Leave on T/TH enter the following:* | | | | | |
| **Monday** | | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  | | *Example: 8 hrs* |  | *Example: 8 hrs* |  |
|  | I certify that I am the only suitable person expected to provide care for this individual during my Expanded Family Medical Leave. | | | | |
| *Initials* |  | | | | |
|  | If my children are older than 14, I certify I am unable to work or telework during daylight hours because special circumstances exist requiring me to provide care for them. | | | | |
| *Initials* |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |