



Employee's Name:	Date:
Department/Division:	Supervisor:
Requested Leave Start Date:	Estimated End Date:
Reason for Paid EFMLA Leave:	
Name of School or Childcare Provider:	
I certify that no other person will be providing care for my child(ren) during the period for which I am receiving family medical leave. Please initial: _____	

Documentation must be provided to support your need for leave only if your child's school or daycare is closed beyond the Governor's stated date of closing. Please attach to this form. Leave will only be granted upon receipt of sufficient supporting information.

**The new Paid Family Leave allows eligible employees to care for their children during a school or daycare closing because of COVID-19, as follows:**

- The first 10 days (2 weeks) are unpaid leave. Employees may substitute any accrued leave to be paid during this period.
- Up to 10 weeks paid leave at 2/3 their regular rate, up to \$200 per day.

**If an employee is using paid EFMLA to care for their child due to COVID-19 school/daycare closure, they must note on their timesheet "FMLA covid".**

If you would like to supplement any unpaid leave with your own accrued time, please fill out your timesheet accordingly.

My signature below certifies that the information given above is true and correct to the best of my knowledge. I certify that I am requesting this leave because I am unable to work (onsite or remotely) due the reason(s) stated above.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to: Jen Glover, Workers Compensation/Leave Coordinator;  
[jglover@wellesleyma.gov](mailto:jglover@wellesleyma.gov)