



➤ **When completed, email this form to vbrunet@rwr.com.**

Request for Emergency Family and Medical Leave Expansion Act (FMLEA)

I, _____, am requesting FMLEA as covered
(Name of employee)

by the Families First Coronavirus Response Act (FFCRA) for the following reason:

Please describe in detail why you are requesting this leave in the space below. You must include the beginning date and the estimated end date of the leave you are requesting:

PLEASE READ AND INITIAL: I understand that my request will be reviewed for approval and that I must have been employed by at least 30 days by Richard Wayne & Roberts PRIOR to this request to be eligible. I further understand that if my request is approved, the first 10 days of this leave are unpaid, and that the remaining 10 weeks will be paid at a rate that is 2/3 of my regular rate of pay for the number of hours I am normally scheduled to work. Any pay that I receive during the 10 weeks will not exceed \$200 per day and \$10,000 in the aggregate. _____
(Initial here acknowledging your understanding.)

By signing below, I certify that the information above is true and accurate to the best of my knowledge. I also understand that Richard Wayne & Roberts will require documentation to support my claim above. **For examples of acceptable documentation, see page 2 of this document.**

Signature of employee

Date requested

Examples of Documentation to Qualify for FMLEA under FFCRA

Acceptable documents include:

- A notice that has been posted on a government, school, or day care website, or published in a newspaper;
- Or an email from an employee or official of the school, place of care, or child care provider.