



FFCRA FMLA Request Form

University of Central Oklahoma
Human Resources

Name:

Hire Date:

Cell Phone:

Campus Extension:

Email Address:

Department Name:

Supervisor Name:

Full-time Employee

Part-time Staff

Student

Adjunct

This request is for my inability to work or telework because I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or

- a. Submit this form **and**:
 - i. Proof of your child's enrollment in an Oklahoma public, charter or virtual school or;
 - ii. Notice of closure due to COVID-19 **and** proof of your child's enrollment in private school or daycare facility

I am requesting leave that is: Full-time

Intermittent

I understand that the expanded protection only applies to care for a biological child, stepchild, adopted child or child placed in care under foster or court order under age 18 and I may be asked to provide documentation supporting the established relationship

I understand that it is my responsibility to submit leave time in Paycom. If I do not submit leave under the FFCRA FMLA expansion, I will not be paid.

Employee Signature

Date