

**MAHOPAC CSD Employee Request
for COVID-19 Child Care Leave
(FFCRA)**

Please complete the below request for leave pursuant to the Emergency Paid Sick Leave Act (EPSLA) and/or the Emergency Family and Medical Leave Expansion Act (FMLEA) under the Families First Coronavirus Response Act (FFCRA), and return to the Office of Human Resources at 179 E. Lake Blvd., Mahopac, NY or email to legatod@mahopac.org, as soon as possible.

Name: _____

School/Location: _____

Position: _____

Anticipated Start Date of Leave: _____

Anticipated End Date of Leave: _____

I acknowledge that I am requesting leave to care for a child under the age of 18 whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. Detailed below are the specific reasons why I am requesting such leave:

Name of Child(ren)/Dependent(s)

Please provide the name of School, Place of Care or Child Care Provider that is unavailable. Also attach or provide a copy of the correspondence from the School, Place of Care or Child Care Provider that is unavailable.

Please forward a copy of this form to the Human Resources Office at 179 E. Lake Boulevard, Mahopac, NY ~OR~ email the completed form to Debra Legato, Assistant Superintendent for Human Resources: legatod@mahopac.org

For more information on the Families First Coronavirus Response Act: Employee Paid Leave Rights: <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>