

Expanded Family Medical Leave (FMLA) Claim Form

Your employee maybe eligible for an additional 10 weeks of partially paid (2/3 pay capped at \$200 per day) expanded family and medical Leave (FMLA), if:

- They are caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
- They have exhausted their 10 days of FFCRA leave (or they have taken 10 days of unpaid leave, or exhausted other forms of paid time off)
- They have been employed for at least 30 days prior to their leave request

To submit FMLA time, please complete this form and submit via email or mail to Acumen, Inc. We will be processing these payments for the 1st – 15th of the month (must be received by the 16th) and the 16th through the end of the month (must be received by the 1st).

Email: ffcra@acumen2.net

Mail: 5416 E. Baseline Rd. Suite 200 Mesa, AZ 85206

Employer Name: _____ **State**

Employee Name: _____

Today's Date: _____

My employee has exhausted ten days paid leave through FFCRA or other paid time off allotments

My employee is caring for his or her child whose school or place of care is closed due to COVID-19 Reasons

Leave Start Date: _____

Leave End Date: _____

I further certify that all of the information I have provided to Acumen Fiscal Agent, LLC (Acumen) is true and correct, whether stated above or in any supporting documentation that I submit. I understand that it is my responsibility to notify Acumen immediately if there is any change to the information I have provided to Acumen.

I further certify that after my worker is paid, they will not submit time for these paid leave dates.

Employer Name

Employer Signature

Date

Employee Name

Employee Signature

Date