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Employee Request for Emergency Family and Medical Leave Act

Employees requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to (department or title) for processing.

You must to provide documentation in support of the need for EFMLA, such as 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.

Employee's Name: _____ Employee's Phone #: _____

Employee Department: _____ Employee's Supervisor: _____

Request is for: New request for leave Extension of current leave
 Continuous leave Intermittent leave*

* Please describe the intermittent leave required: _____

Child(ren)'s Name: _____ Child(ren)'s Age(s): _____

Name of School or Child Care Provider: _____

Address of School or Child Care Provider: _____

Name and Phone # for Contact at School or Child Care: _____

Please check the reason for the request (unable to work or telework):

- Care for a child under age 18 due to school closure related to a public health emergency.
- Care for a child under age 18 due to child care closure related to a public health emergency.
- Care for a child under age 18 due to child care is unavailable because of a public health emergency.

Pursuant to the FFCRA, the first 10 days of the EFMLA leave is unpaid, and thereafter, you are entitled to 2/3 of your regular rate of pay based on the number of hours you would otherwise be normally scheduled to work (not to exceed \$200/day or \$10,000/aggregate). You may also be eligible for Emergency Paid Sick Leave (EPSL). You are permitted to use such emergency paid sick leave or any other available paid leave simultaneously with the initial 10 unpaid days of EFMLA. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use.

EPSL # of hours _____ Vacation # of hours _____ PTO # of hours _____
 Sick # of hours _____ Personal # of hours _____ Other # of hours _____

I certify that the above information is accurate and complete. I certify that I am unable to work or telework due to the above reason, and that no other person will be providing care for the above child during the period for which I receive EFMLA. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee's Signature: _____ Date: _____

Employee Printed Name: _____