EMPLOYEE REQUEST FOR EMERGENCY FAMILY AND MEDICAL LEAVE

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 Human Resources 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.

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| Employee Name:      |
| Employee Home Address:      E-mail:      |
| Home Phone Number:      Cell Phone Number:      |
| **This is a** *(choose one)***:** [ ]  New request for leave [ ]  Request for an extension of leave |
| Anticipated Begin Date of Leave:       Expected Return to Work Date:       |
| Child’s Name:       Child’s Age: :       |
| Name of School or Place of Care: :       |
| **Reason for Leave** (*check all applicable*) I am unable to work (or telework) for the following reasons: [ ]  I need to care for my son or daughter under age 18\* because my child’s elementary or secondary school has been closed due to a public health emergency[ ]  I need to care for my son or daughter under age 18\* because my child’s place of care has been closed due to a public health emergency.[ ]  I need to care for my son or daughter under age 18\* because the child care provider for my son or daughter is unavailable because of a public health emergency. \*A “son or daughter” may also be an adult son or daughter (i.e., one who is 18 years of age or older) who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability. For EFMLA to provide care for a child older than 14 years old during daylight hours, please explain the special circumstances requiring you to provide care. For questions or additional information, contact Human Resources.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I will need** *(choose one)***:** [ ]  Continuous leave [ ]  Intermittent leaveIf your need for leave is intermittent, please describe the nature of your intermittent leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Substitution of Paid Leave:**  Pursuant to the FFCRA, the first 10 days of your 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 provided through the FFCRA. You are permitted to use such emergency paid sick leave or any other available paid leave to run concurrently 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. [ ]  Emergency Paid Sick Leave (      Hrs) [ ]  Vacation/PTO (      Hrs) [ ]  Sick Leave (      Hrs) [ ]  Personal (      Hrs) [ ] Other (      Hrs) |

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 Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

HR Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_