

EMERGENCY FAMILY AND MEDICAL LEAVE REQUEST

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.

Employee Name:	E-mail:
Employee Home Address:	
Home Phone Number:	Cell Phone Number:
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected Return to Work Date:
<p>Reason for Leave: I am unable to work (or telework) because I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19 and no other suitable person is available to care for the child during the period of leave requested.</p> <p style="margin-left: 40px;">Name and age of child(ren):</p> <p style="margin-left: 40px;">Name and address of school, place of care, or provider:</p> <p style="margin-left: 40px;">If child(ren) is over age 14, you must include a statement indicating the special circumstances that require you to provide care during daylight hours:</p> <p style="margin-left: 40px;">.</p>	
I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave	
If your need for leave is intermittent, please describe the nature of your intermittent leave:	
<p>Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however you may be eligible for Emergency Paid Sick Leave (EPSL) provided through the FFCRA. In the event you are not eligible for EPSL or if you prefer, you are permitted to use any other accrued paid leave to cover this period. Please indicate below if you would like to use paid leave other than EPSL during the first 10 days of your absence and how many hours you plan to use. If you want to use EPSL, you must also submit an Emergency Paid Sick Leave Request.</p> <p><input type="checkbox"/> Vacation/PTO (_____ Hrs) <input type="checkbox"/> Sick Leave (_____ Hrs) <input type="checkbox"/> Other (_____ Hrs)</p>	

I certify that the above information is accurate and complete. I understand that providing false or misleading information regarding the need for EFMLA or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment. 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: _____