Emergency Family and Medical Leave Act: Employee Request for Leave Form

This form must be completed and returned to Human Resources before any request for leave under the Emergency Family and Medical Leave Act (the "E-FMLA") will be approved. Questions about the EFMLA or this form should be directed to Human Resources.

Employee Name: ______________________ Dept: ___________________

Today's Date: ________________

Reason for Leave Request:

☐ Closure of your child’s school, due to COVID-19
☐ Closure of your child’s place of care, due to COVID-19
☐ Your child’s care provider is unavailable, due to COVID-19

Date Requested Leave is to Begin: _________________, 2020.
Date Requested Leave Will End: _________________, 2020.

E-FMLA is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.

Are you Requesting Intermittent Leave: Yes ___ No ___

If yes, please explain the requested intermittent periods of leave:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
(The company will determine whether or under what conditions intermittent E-FMLA will be allowed. Applicable limitations will be discussed with you when your request is processed.)

Required Information Supporting Reason for Leave:

☐ You are unable to work or telework due to the COVID-19 reason indicated above because:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

...
☐ Child(ren)’s name(s) and age(s):
________________________________________________________________________

☐ Name(s) of school(s) or place(s) of care that has been closed or name of care giver who is unavailable:
________________________________________________________________________

☐ You confirm that no other person will be providing care for the child during the period for which you would be receiving E-FMLA leave. ______ (initial).

☐ For a child 15 years of age or older, you confirm that you are unable to work or telework during daylight hours because special circumstances exist requiring you to provide care. ______ (initial)

_The First Two Weeks are Unpaid Unless You Request Use of Some Type of Paid Leave. Are You Requesting Any of the Options Below?_

- I request to use Leave under the Emergency Paid Sick Leave Act, which leave benefits will be paid at 2/3rds my usual pay to a maximum of $200 per day): Yes ___ No ___

- I request to use my available paid leave under company policy, which will be paid in accordance with policy: Yes ___ No ___

- If I elect to use company policy leave and do not have sufficient paid leave available for the full two weeks, after I have exhausted my company paid leave: ______ I will take unpaid leave: ______ I will utilize Emergency Paid Sick Leave Act leave ______ (choose one).

_Altimate 1:_

**Subsequent E-FMLA Weeks are Paid at 2/3rds Pay**

Regardless of whether you elect to use paid leave for the first two weeks of E-FMLA leave, subsequent E-FMLA leave will be paid at 2/3rds your usual pay, to a maximum of $200 per day.

**Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave.**

_Altimate 2:_

**Subsequent E-FMLA Weeks Are Paid Per Your Election:**

After the expiration of the initial two (2) weeks, the subsequent E-FMLA leave is paid until your leave allotment is exhausted. You may choose one of these two options:
Please pay me under the E-FMLA required benefits, which I understand are 2/3rds my usual pay to a maximum of $200 per day): Yes ___ No ___

Please utilize my available PTO at my full pay until the PTO is exhausted, after which I will be paid at 2/3rds my usual pay to a maximum of $200 per day: Yes ___ No ___

*Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave.*

**Alternative 3:**

**Subsequent E-FMLA Weeks Are Paid As follows:**

You will be required to utilize company provided PTO until exhausted. After you have exhausted available PTO, your E-FMLA will be paid at 2/3rds your usual pay to a maximum benefit payment of $200 per day.

*Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave.*

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify Human Resources immediately if there is any change to my leave request above.

__________________________________________________________________________   ____________________________________________________________________________

Employee signature                             Date