

Emergency Paid Family and Medical Leave (EFML) Request Form

The Families First Coronavirus Response Act (FFCRA) requires employers with fewer than 500 employees (or employers of any size in the public sector) to provide all* employees employed at least 30 days with up to 12 weeks of EFML between April 1, 2020, and December 31, 2020 to care for their son or daughter due to COVID-19 related school or child care unavailability.

*(*Employers have the option to exclude health care providers, emergency responders, and employees on which health care providers and emergency responders rely, including employees of contractors and medical solution providers. Employers with fewer than 50 employees may be able to claim a hardship exemption. Employers with fewer than 25 employees may not have to protect your position if certain criteria are met. You will receive a written response from us if your request is denied or if we need to modify your request.)*

- This is subject to the normal 12 weeks of leave allowable under FMLA, so if you have utilized some or all of your 12 weeks, your available EFML will be reduced accordingly.
- Your first two weeks of EFML are unpaid, but if you have not used your two weeks of Emergency Paid Sick Leave (EPSL), you may apply for that. Otherwise you may choose whether to utilize other accrued paid leave available to you that is not solely tied to paid medical leave (since taking EFML is not a medical leave).
- The remaining weeks of EFML offer 2/3 pay (up to \$200 per day). We will enforce our policy of requiring you to supplement the remaining 1/3 pay with accrued paid leave available to you that is not solely tied to paid medical leave (since taking EFML is not a medical leave).

You (or someone you authorize) must first notify us of your need for EFML as soon as reasonably practicable (by phone or email is fine), then we must have this form as soon as reasonably practicable.

Employee name:	
Best way to contact <i>(email address, phone #, etc.)</i>	
Date EFML is to begin:	Expected return to work date:
I certify that I am unable to work or telework for the following COVID-19 related reason: <input checked="" type="checkbox"/> I need to care for my son or daughter due to school or child care being closed/unavailable <i>Names and ages of my children I need to care for up to age 18 (or older if disabled and incapable of self care):</i> <i>Name of each unavailable school or child care provider:</i>	
<input type="checkbox"/> I represent that no other suitable person is available to care for my children during the period of requested leave, and no other suitable person will be providing care for my children during my EFML time	
<input type="checkbox"/> If my children are all older than 14, I represent I am unable to work or telework during daylight hours because special circumstances exist requiring me to provide care for them	
<i>I am requesting intermittent leave as follows (for example, if someone can care for your children M/W/F so you only need EFML for Tu/Th... note intermittent leave is only available if we can mutually agree on a schedule):</i>	
I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the approved return date 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: