



**Families First Coronavirus Response Act  
Emergency Family and Medical Leave Act (EFMLA) Request Form**

Employee Name:	Phone Number:
Position Title:	Email Address:
Building/Department:	

**Emergency Family and Medical Leave Act**

<b>Type of Leave: Two weeks unpaid / Ten weeks paid</b>	<b>Time Permitted: Twelve weeks total</b>
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**I am unable to work or telework from home due to the following reason:**

I am caring for my son or daughter because the child’s school or place of care has been closed, or the child care provider is unavailable for reasons related to COVID-19. I represent that no other suitable person will be caring for my child during the period of leave.  
 Child’s name: \_\_\_\_\_  
 Child’s school/place of care or childcare provider is: \_\_\_\_\_

**Dates Requested:**

Date Leave Will Begin: \_\_\_\_\_

Date You Will Return: \_\_\_\_\_

Continuous  Intermittent\*

Explain proposed schedule for intermittent leave:  
 \_\_\_\_\_  
 \* Employer and employee must agree to intermittent leave.

**Duration of Leave:**

- A full-time employee who has been employed for at least 30 calendar days is eligible for up to 12 weeks leave in a 12-month period.
- A part-time employee with a normal weekly schedule who has been employed for at least 30 calendar days is eligible for the number of hours of leave that the employee is normally scheduled to work over two workweeks.
- An employee is entitled to a combined maximum of 12 weeks, including any additional federal FMLA the employee may have taken during a 12-month period as defined by the employer.

**Calculation of Pay:**

- First 2 weeks (10 days) are unpaid – unless employee elects to use other accrued paid leave. (i.e.: EPSLA, accrued paid sick, personal and/or vacation days).
- Remaining 10 weeks: employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$10,000 in the aggregate (over a 10-week period).

**Employee Certification:**

I certify that the above information is accurate and complete. I certify that I am unable to work or telework for the reasons and dates noted above.

\_\_\_\_\_  
**Employee Signature** **Date**

\_\_\_\_\_  
**Employer Signature** **Date**

Approved  Denied