

# 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.

Employee Name:	E-mail:
Phone Number:	Cell Phone Number:
Employee Home Address:	
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:
Name of School, place of care or caregiver:	
Age of child Requiring Care:	I request (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave

**Reason for Leave:** I certify that I am unable to work (or telework) because I need to care for my son or daughter under age 18 because my child’s elementary or secondary school, place of care has been closed due to a public health emergency or the caregiver is unavailable.

If child is 15-17, attach a description of the special circumstance requiring care.

**Intermittent Leave Request:** If your need for leave is intermittent, please describe the nature of your intermittent leave and the suggested increments of usage (i.e., by the hour, by the day, 90 minute increments, etc.):

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**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 provided through the FFCRA. In the event you are not eligible for emergency sick leave, you are permitted to use available paid leave to cover this period. Please indicate if you would like to use paid leave during the first 10 days of your absence (if you are not eligible for emergency sick leave) and how many hours you plan to use.

<input type="checkbox"/> Vacation/PTO Hrs	<input type="checkbox"/> Sick Leave Hrs	<input type="checkbox"/> Personal Hrs	<input type="checkbox"/> Other Hrs
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**I certify that the above information is accurate and complete. 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. If requesting leave to care for a child or another person subject to isolation/quarantine, I certify no other individual is available to provide care.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_