

Emergency Family and Medical Leave (EFML) Request

as entitled by the Families First Coronavirus Response Act (FFCRA)

Employees who are unable to work (or telework) for a reason that qualifies for emergency Family and Medical Leave (EFML), pursuant to the Families First Coronavirus Response Act (FFCRA), must complete this form. You must provide as much advance notice as is reasonably practicable.

When complete, submit this form to: _____ for review, approval and processing.

Employee name: _____ Phone number: _____

Home address: _____ Email: _____
Start date of leave _____ End date of leave _____
(expected): _____ (expected): _____

Reason for leave (check all that apply): *I am unable to work (or telework) for the following reason(s):*

<input type="checkbox"/>	I need to care for my child under the age of 18 because my child's elementary or secondary school has been closed due to a "public health emergency," as defined by the FFCRA.
<input type="checkbox"/>	I need to care for my child under the age of 18 because my child's place of care has been closed due to a "public health emergency."
<input type="checkbox"/>	I need to care for my child under the age of 18 because the childcare provider for my child is unavailable due to a "public health emergency."
<input type="checkbox"/>	I need to care for my child under the age of 18 because the child's school, childcare or childcare provider is closed or unavailable because of COVID-19.

Name of minor child(ren) and address(es) of their school(s), childcare or childcare provider(s):	
Minor child(ren) name(s):	
School or childcare provider(s):	

Attach any supporting documentation related to your need for EFML. For example, please provide notice of the school or childcare closure posted on a government, school, or daycare website, published in a newspaper or emailed to you from an employee or official at the school, childcare facility or provider..

I will need (choose one): Continuous leave (consecutive days or hours, unable to work the whole time) Intermittent leave (days or hours off here and there, able to work some of the time)

If you need intermittent leave, please describe the nature of it (days of the week, hours, etc.):

If teleworking, intermittent leave is not guaranteed and will be evaluated based upon business needs.

Substitution of paid leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid. However, you may be eligible for emergency sick leave provided through FFCRA. In the event you are not eligible for emergency sick leave, you are permitted to use other available paid time off to cover this period. Please indicate if you would like to use other paid time off benefits (sick, vacation, PTO) 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.

I certify that the above information is accurate and complete. I understand that if circumstances of my leave change, and I am able to return to work earlier than the date indicated on this form, I am required to notify my employer.

Employee signature: _____ Date: _____

For company use only

Received by: _____ Date: _____