

## 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:	
Cell Phone Number:	Email:
<b>This is a</b> (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for leave extension	
Anticipated Begin Date of Leave:	Expected Return to Work Date:
<b>Reason for Leave</b> (check all applicable) I am unable to work (or telework) because I need to care for my dependent son or daughter:	
<input type="checkbox"/> My child's school has been closed due to a public health emergency.	
<input type="checkbox"/> My child's place of care has been closed due to a public health emergency.	
<input type="checkbox"/> The child care provider for my son or daughter is unavailable because of a public health emergency.	
<b>I will need</b> (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave	
If your need for leave is intermittent, please describe the nature of your intermittent leave:	
_____	
_____	
_____	
<b>Substitution of Paid Leave:</b> The first 10 days of your Emergency FMLA leave is unpaid, however you may be eligible for emergency paid sick leave under the FFCRA. In the event you are <u>not</u> eligible for emergency paid sick leave, you are permitted to use available paid time off 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 _____	

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.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HR Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_