**EXPANDED FAMILY AND MEDICAL LEAVE**

**NOTICE AND REQUEST FOR LEAVE**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPLANATION OF EFML BENEFITS**

The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with Expanded Family and Medical Leave (EFML).

The EFML provisions in the FFCRA are effective from April 1, 2020 through December 31, 2020.

Generally, local public entities must provide qualified employees with up to twelve weeks of EFML.

To qualify for benefits, an employee must have been employed for 30 or more calendar days.

**Healthcare Provider and Emergency Responder Exclusion:**

Healthcare providers and emergency responders, as defined by Department of Labor regulations are excluded from eligibility for EFML.

**Qualifying Reason for EFML:**

An employee is entitled to take EFML if the employee is unable to work or telework because the employee is caring for a son or daughter whose school or daycare has been closed due to COVID-19 or the child care provider is unavailable for reasons related to COVID-19, and no other suitable person is available to care for the son or daughter.

The first 2 weeks of EFML are unpaid. An employee may elect to substitute Emergency Paid Sick Leave (EPSL) or other existing paid leave for the first two weeks of leave.

Beginning on week 3 of EFML, the EFMLEA requires employers to pay their employees 2/3 of their regular rate, but no more than $200 per day/$10,000 in the aggregate. An employer may require [and [employer] does require] employees to run existing personal days and vacation days concurrently with EMFL beginning on week 3 of EFML. When existing personal days and vacation days are run concurrently with EFML, the employee will be compensated at 100% of their regular rate.

**REQUEST FOR EFML LEAVE**

I am requesting Expanded Family and Medical Leave (EFML) as provided for in the Families First Coronavirus Response Act (FFCRA).

I certify that I am unable to work or telework becauseI am caring for a son or daughter whose school or daycare has been closed due to COVID-19 or the child care provider is unavailable for reasons related to COVID-19 AND there is no other suitable person to care for my son or daughter.

**Name of son or daughter**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School, daycare or child care provider**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested EFML start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested EFML end date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weeks 1 and 2 of EFML:**

I understand that the first two weeks of EFML will not be paid unless I substitute other paid leave benefits for the first two weeks.

**Select option (1), (2), or (3):**

\_\_\_\_\_\_\_\_ (1) I would like to use Emergency Paid Sick Leave (EPSL) concurrently with the first two weeks of EMFL. I understand that EPSL is paid at 2/3 my regular rate of pay and is capped at $200 per day/$2000 in the aggregate.

If you selected option (1), above, you may supplement the ESPL with your existing paid leave to bring your gross pay to 100% of your regular rate. Do you wish to use existing paid leave to supplement EPSL during weeks 1 and 2 of EFML?

\_\_\_\_\_\_\_ Yes

\_\_\_\_\_\_\_ No

\_\_\_\_\_\_\_\_ (2) I would like to use other existing paid leave concurrently with the first two weeks of unpaid EFML.

\_\_\_\_\_\_\_\_ (3) I would like to take the first 2 weeks of EFML unpaid.

**Weeks 3-12 of EFML:**

I understand that my employer requires me to use my existing personal days and vacation days concurrently with EFML during weeks 3 through 12 of EFML, and I will be paid 100% of my regular rate when these benefits are used concurrently. If I do not have any personal days or vacation days available, or if I run out of personal days or vacation days before the expiration of EFML, I will be paid 2/3 of my regular rate or $200 per day/$10,000 in the aggregate, whichever is less, for the remainder of weeks 3 through 12 of EFML.

Employee signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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