

Employee Request for Emergency Family and Medical Leave

Employees requesting Emergency Family and Medical Leave (EFML) provided within the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practical. Submit your completed form to Human Resources for processing.

EMPLOYEE NAME (LAST, FIRST, MI)	HOME EMAIL (OPTIONAL)
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER (OPTIONAL)
ANTICIPATED LEAVE START DATE	EXPECTED RETURN TO WORK DATE
THIS IS A (CHOOSE ONE) <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for extension of existing leave	I AM REQUESTING (CHOOSE ONE) <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave
IF INTERMITTENT, PLEASE DESCRIBE EXPECTED DATES AND TIMES OF YOUR LEAVE	
I AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASONS (CHECK ALL THAT APPLY):	
<input type="checkbox"/> I need to care for my child(ren) under age 14 because their school closed due to COVID-19 and no suitable person is available to care for my child(ren) during the requested leave period.	
<input type="checkbox"/> I need to care for my child(ren) under age 14 because their place of care or child care provider is unavailable due to COVID-19 and no suitable person is available to care for my child(ren) during the requested leave period.	
<input type="checkbox"/> Special circumstances exist that require I provide care for a child older than 14 during daylight hours. Please explain:	
CHILD(REN) NAME(S) / AGE(S)	NAME OF SCHOOL / CARE PROVIDER
PLEASE SELECT PAY PREFERENCE DURING THE FIRST 10 DAYS OF LEAVE (CHECK ALL THAT APPLY):	
<input type="checkbox"/> Company provided vacation / PTO Hours: _____	<input type="checkbox"/> Company provided sick leave Hours: _____
<input type="checkbox"/> Emergency paid sick leave (up to 80 hours) Hours: _____	<input type="checkbox"/> Unpaid Hours: _____

I certify that the above information is accurate and complete. I also certify that I am unable to work or telework for the above indicated reasons and that no suitable person is available to care for my child(ren) during daylight hours for the period I am requesting family and medical leave. 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.

Please note that IRS and DOL documentation requirements could change requiring submittal of additional information.

Employee Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____