



EMERGENCY FAMILY AND MEDICAL LEAVE REQUEST

If you are requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA), you must complete this form. You must provide notice as soon as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing

Site Employer Name:
Employee Name:
Department:
Manager:
E-mail:
Employee Home Address:
Home Phone Number:
Cell Phone Number:

This is a (choose one): ____ New request for leave ____ Request for an extension of leave	Anticipated Begin Date of Leave:____ Expected Return to Work Date:_____
I will need (choose one): _____ Continuous leave _____ I ntermittent leave If your need for leave is intermittent, please describe the nature of your intermittent leave:	

Reason for Leave (check all applicable)

I am unable to work (or telework) for the following reasons:

1.____ Reason for Leave: I am unable to work (or telework) because I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19 and no other suitable person is available to care for the child during the period of leave requested.

- Name and age of child(ren):
- Name of school, place of care, or provider:
- If child(ren) is over age 14, you must include a statement indicating the special circumstances that require you to provide care during daylight hours:



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 (EPSL) provided through the FFCRA. In the event you are not eligible for EPSL or if you prefer, you are permitted to use any other accrued paid leave to cover this period. Please indicate below if you would like to use paid leave other than EPSL during the first 10 days of your absence and how many hours you plan to use. If you want to use EPSL, you must also submit an Emergency Paid Sick Leave Request.

Vacation/PTO : Hours _____
Sick Leave: Hours _____
Other _____ : Hours _____

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I certify that the above information is accurate and complete. I understand that providing false or misleading information regarding the need for EFMLA or any FFCRA qualifying event may be grounds for corrective action. 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 Site Employer may take corrective action.

Employee Signature: _____

Date: _____