

Emergency Family and Medical Leave (EFML) Request Form

Employee Name: _____

Instructions: Please use this form when requesting EFML if you are unable to work due to a need to care for your child whose school or place of care is closed for a period of time whether by order of a state or local official or authority, or at the decision of the individual school or place of care, or the child care provider for your son or daughter is unavailable for reasons related to COVID-19. EFML is available through Dec. 31, 2020. In certain circumstances, your initial request for EFML may be verbal and approved contingent on providing this form as directed by the agency.

1. The first 2 weeks of EFML is unpaid, but you may use available Emergency Paid Sick Leave (EPSL) paid at 2/3 rate of pay (up to \$200.00 per day) or substitute accrued available personal leave or accrued agency compensatory time (paid at regular rate of pay) during this 2 week period.
2. If using EPSL during the first 2 weeks, you may also request to supplement your salary with accrued available personal leave or accrued agency compensatory time to receive your regular rate of pay.
3. For weeks 3-12 of EFML, you will be required to use any accrued available personal leave or accrued agency compensatory time and receive your regular rate of pay. EFML for weeks 3-12 not covered under your personal leave or agency compensatory time is paid at 2/3 rate of pay (up to \$200.00 per day).
4. Employees are eligible for EFML after having been employed by the agency for at least 30 calendar days. This leave may only be taken to care for your non-disabled child if he or she is under the age of 18. EFML may be used to care for your child age 18 or older who has a mental or physical disability and is incapable of self-care because of that disability. A "son or daughter" is your own child, which includes your biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you stand in loco parentis.
5. Your eligibility for EFML depends on how much Family and Medical Leave you have already taken during the current FMLA 12 month period. If you have used some, but not all 12 weeks of FMLA leave during the current 12 month period, you may take the remaining available portion of leave as EFML.

Name of Child: _____ Child's Date of Birth: _____

Name of school, place of care or childcare provider who is unavailable for reasons related to COVID-19:

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Choose one:

___ Continuous Leave: Leave start date: _____ Leave end date: _____

___ Intermittent Leave: Leave start date: _____ Leave end date: _____

If EFML is requested to be intermittent, describe the proposed schedule:

During the first 2 weeks of EFML:

___ I would like to use my available EPSL in lieu of 2 weeks of unpaid leave

___ I would like to use my accrued available personal leave to supplement my EPSL

___ I would like to use my accrued agency compensatory time to supplement my EPSL

___ I would like to use only my accrued available personal leave/agency compensatory time

___ I would like to be on unpaid leave for this 2-week period

I certify that I am unable to work due to a need to care for my child(ren) whose school or place of care has been closed, or whose childcare provider is unavailable for reasons related to COVID-19. No other suitable person will be providing care for my child(ren) named above during the period in which I am using Emergency Family and Medical Leave (EFML).

Employee Signature: _____ Date: _____
