

**Employee Request Form For
EMERGENCY PAID FMLA EXPANSION**
Under The Families First Coronavirus Response Act (FFCRA)
Available to eligible employees April 1- December 31, 2020

EMPLOYEE REQUEST FOR EMERGENCY PAID FMLA EXPANSION

Employees requesting Emergency Paid FMLA Expansion Leave pursuant to the FFCRA (Families First Coronavirus Response Act) must complete this form.

Eligibility: Employees must have been employed for at least 30 days, and meet qualifications described below.

Duration of Leave and Pay Status: Eligible employees may be eligible for up to twelve (12) weeks of leave to use from April 1, 2020 through December 31, 2020 for the purposes stated below. This time included in, and *not* in addition to, the total FMLA leave entitlement of 12 weeks in a 12-month period.

- The first ten (10) days of approved leave pursuant to FFCRA are unpaid. If the employee so elects below, they can use their accrued paid leave time off to substitute for this unpaid leave time.
 - *You may also be eligible for emergency sick leave provided through the FFCRA to substitute for this unpaid leave time (please fill out the Emergency Paid Sick Leave Form to determine eligibility).*
- The remaining approved family leave up to ten (10) weeks, are paid at two-thirds of the employee's regular rate of pay. For example, if an employee has already taken seven weeks of FMLA leave, that employee would be eligible for another five weeks of FMLA under this policy. This leave provides 2/3 of an employee's rate of pay. If the employee so elects below, they can use their accrued paid leave time off to supplement this paid leave.

Employee Name:	Employee Job Title:
Employee Home Address:	
Employee Telephone Number:	E-mail:
<input type="checkbox"/> Request for Leave	<input type="checkbox"/> Request for Extension of Leave
Date of Requested Leave:	Date of Anticipated Return to Work:
<p>Reason for Requesting Leave (check reason): <i>I hereby certify that I am unable to work (or telework), due to a need for leave for the following COVID-19 reason:</i></p> <p><input type="checkbox"/> I have a need for leave to care for a child under the age of 18, and the child's school or place of care has been closed, or the childcare provider is unavailable because of COVID-19.</p>	
<p>Qualifying Reasons for Leave (Select all that apply):</p> <p><input type="checkbox"/> I am unable to work due to a bona fide need for leave to care for a child⁽¹⁾ whose school or child care provider⁽²⁾ is closed. I certify (select the criteria that applies):</p> <p style="margin-left: 20px;"><input type="checkbox"/> My child is under 18 years of age; or</p> <p style="margin-left: 20px;"><input type="checkbox"/> My child is 18 years of age or older and incapable of self-care because of a mental or physical disability</p> <p style="margin-left: 20px;"><input type="checkbox"/> Name of child(ren) to be cared for and relationship: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Name of school that has been closed, or place of childcare that is unavailable: _____, and</p> <p style="margin-left: 40px;"><input type="checkbox"/> <i>I am unable to work or telework because of a need to provide care for a child older than 14 during daylight hours, or</i></p> <p style="margin-left: 40px;"><input type="checkbox"/> <i>Special circumstances exist requiring me to provide childcare (Explain):</i> _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> <i>I certify that no other person will be providing care for the child during the time period I am requesting EPSL leave.</i></p> <p><input type="checkbox"/> I am unavailable to work for reasons related to COVID-19. Describe reason: _____</p>	
<p><small>(1) Childcare provider means a provider who receives compensation for providing childcare services on a regular basis such as (a center-based childcare provider, a group home childcare provider, a family childcare provider, Other licensed provider of childcare services for compensation, a childcare provider that is 18 years of age or older who are a family member of the employee)</small></p> <p><small>(2) Child is defined as a biological, adopted, or foster child, a stepchild, a legal ward or a child of a person standing in loco parentis</small></p>	

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Type of Leave Requested : Continuous Leave **or** Intermittent Leave

If intermittent leave, please describe the nature of your intermittent leave:

Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however, you may be eligible for emergency sick leave provided through the FFCRA (please fill out the Emergency Paid Sick Leave Form to determine eligibility). In the event you are not eligible for emergency sick leave, you are permitted to use available paid leave to cover this period. Please indicate if you would like to use paid leave during the first 10 days of your absence (if not eligible for Emergency Paid Sick Leave), and designate how many hours you plan to use:

Vacation/PTO (____Hrs.) Sick leave (____Hrs.). Personal (____Hrs.) Other (____Hrs.)

Supplementing Accrued Leave: The portion of leave that is paid pursuant to the FFCRA, is at 2/3 of your regular rate of pay not to exceed \$200 a day for a maximum payment of \$10,000. After you have received the maximum payment under this leave, you may supplement your paid leave with accrued time to make whole. You are not required to utilize paid leave. Please indicate below if you would like to supplement your leave with accrued time from your leave bank:

Vacation/PTO (____Hrs.) Sick leave (____Hrs.). Personal (____Hrs.) Other (____Hrs.)

Employee Certification and Signature: *I certify that the above information is accurate. 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 up to and including possible termination of my employment.*

I understand that the Employer can establish reasonable notice procedures in order for me to continue receiving the leave benefits and that I will promptly notify my Employer when my child's school or daycare re-open or I no longer need this leave.

Employee Signature: _____ Date: _____

To be completed by Human Resources:

HR Signature: _____ Date: _____ Approved Not approved

Effective Date _____ Pay Code _____

First 10 Days of Leave: Unpaid, or Paid – Substitute With Accrued Leave:
 Vacation/PTO (____Hrs.) Sick leave (____Hrs.). Personal (____Hrs.) Other (____Hrs.)

Employee Rate of Pay Following First 10 Days of Leave: 2/3 Rate, or Full Rate – Supplement With Accrued Leave:
 Vacation/PTO (____Hrs.) Sick leave (____Hrs.). Personal (____Hrs.) Other (____Hrs.)

Number of weeks/days of FMLA available as of date above: _____ End Date of EFMLA: _____

Additional Comments (HR, Payroll):