

# Emergency Family Leave Request Form

EMPLOYEE: You must complete this form and submit it to your employer when requesting leave to care for your son or daughter whose school or place of care has closed, or whose child care provider is unavailable, due to COVID-19 precautions. **You may be required to provide additional written support for the leave. If such required written support is not provided, your leave may be denied.**

This leave is provided in accordance with the **Emergency Family and Medical Leave Expansion Act (EFMLEA)**, which provides eligible employees up to 12 weeks of family leave for the reason noted above. You must have been employed at least 30 calendar days to be eligible for this leave. The first two weeks of this leave are unpaid, unless you are eligible for emergency paid sick leave under the **Emergency Paid Sick Leave Act (EPSLA)** or other company paid leave. After the first two weeks, leave under the EFMLEA is paid at 2/3 your regular rate. To request paid sick leave, you must complete a separate Emergency Paid Sick Leave Request Form.

## Employee Information

Employee Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Leave Beginning Date \_\_\_\_\_ Leave End Date \_\_\_\_\_

Date of Hire \_\_\_\_\_ OR Date of Rehire (If you worked here previously) \_\_\_\_\_

## Emergency Family Leave Request

I am requesting leave to care for my **son or daughter** whose school or place of care has closed, or whose child care provider is unavailable, due to COVID-19 precautions. (A child care provider is a provider who receives compensation for providing child care services on a regular basis, including nannies, au pairs, and babysitters, except that family members, friends, and neighbors who regularly care for the child need not be compensated. A place of care includes daycare facilities, preschools, before- and after-school-care programs, schools, homes, summer camps, summer enrichment programs, and respite care programs.)

IF YOU ARE CARING FOR MORE THAN ONE SON OR DAUGHTER, COPY THIS PAGE AND COMPLETE ONE PAGE PER CHILD.

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

Age of the child: \_\_\_\_\_

If your child is over 18, is he or she incapable of self-care because of a mental or physical disability?  YES  NO

If your son or daughter is over 14 and you are taking emergency family leave to care for him or her during daylight hours, provide a statement that special circumstances exist that require you to provide care:

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### Select which situation applies and provide the corresponding required information:

School or place of care has closed due to COVID-19 precautions.

Name of the school or place of care that closed: \_\_\_\_\_

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OR

Child care provider who provides child care services on a regular basis is unavailable due to COVID-19 precautions.

Name and position of the child care provider who is unavailable: \_\_\_\_\_

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If requested, you must provide a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or daycare website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

## Employee Attestation

I attest that no other suitable person will be providing care for my son or daughter named above for the period of time I have requested family leave under the EFMLEA. I also attest that I am requesting emergency family leave for the reason I have indicated above and that I am unable to work or telework because of this reason. If required, I agree to provide additional written support for this family leave.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTINUED ON BACKSIDE

## Management Approval

### Select one:

I have reviewed the above request for emergency family leave and determined that the employee is eligible for the leave. The hours of emergency family leave used and qualified wages eligible for the tax credit will be documented in the payroll records.

I have reviewed the above request for emergency family leave and determined the employee is NOT eligible for the leave for the following reason: \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYER: This form is for employees who request emergency family leave under the **Emergency Family and Medical Leave Expansion Act (EFMLEA)** between April 1, 2020, and December 31, 2020. Employees who have been employed for at least 30 days are eligible for up to 12 weeks of family leave. The first two weeks of this leave are unpaid, unless the employee is eligible for emergency paid sick leave under the Emergency Paid Sick Leave Act (EPSLA) or other company-paid leave. After the first two weeks, the remaining 10 weeks of leave under the EFMLEA is paid at 2/3 the employee's regular rate. Both full- and part-time employees are eligible for paid family leave, calculated according to the regulations. The original leave request form and accompanying documentation must be maintained for a period of four years. **Employees who are able to work remotely do not qualify for emergency paid family leave while they are working.**