COVID-19: Request for Expanded FMLA Leave

Request for Expanded FMLA Leave

The Families First Coronavirus Response Act (FFCRA) requires employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020. In general, employees are eligible for up to 12 weeks of job-protected Expanded FMLA Leave for the COVID-19 related reasons listed below, up to 10 weeks can be partially paid at 2/3 pay, capped at $200/day. A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Please complete the following form, if you are requesting to take Family and Medical Leave Act Public Health Emergency Leave ("EFMLA") under the Families First Coronavirus Response Act ("FFCRA"). The information requested in this form must be submitted as soon as practicable after the need for leave arises.

If approved for EFMLA, the first 10 days of this leave are unpaid but you have the option to use any available accrued vacation, personal, sick, or EPSL during those 10 days.

If you are requesting EFMLA and want to use Emergency Paid Sick Leave (EPSL) for the first 10 days, you will need to complete the COVID-19: Request for Emergency Paid Sick Leave.

If you are requesting EFMLA and want to use accrued leave other than EPSL, complete Section One of this form and request the vacation, personal, or sick leave as you would normally.

Employee Name: _____

Date of Request: _____

COVID-19: Request for Expanded FMLA Leave

Section 1 (required)

I am requesting EFMLA for the following reason (check one):

_____ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because my son or daughter's school or place of care has been closed due to a public health emergency and because no suitable person is available to care for my son or daughter during the period of such leave.

_____ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because the child care provider of my son or daughter is unavailable due to a public health emergency and because no suitable person is available to care for my son or daughter during the period of such leave.

NOTE: "Son" or "daughter" is defined in the FFCRA protocol.

The name of my son or daughter who I am caring for is: _____.

The name of my son or daughter's school, place of care, or child care provider that is closed or unavailable is _____.

Section 2 (required)

I am requesting EFMLA begin on _____, 2020.

I expect to use EFMLA until _____, 2020.

Section 2A (optional)

I am requesting to take EFMLA on an intermittent basis: _____ Yes _____ No

I am requesting to take EFMLA on an intermittent basis as follows:

_____.

I am requesting to take EFMLA on an intermittent basis for the following reason(s):

_____.

COVID-19: Request for Expanded FMLA Leave

Section 3

I hereby represent that there is no other suitable person to care for my son or daughter during the period in which I am requesting EFMLA.

_____
Employee Signature

I acknowledge that I may be denied EFMLA or may be not granted the entirety of EFMLA requested if I have already previously used all or a portion of FMLA leave within the present twelve-month FMLA period for which I am requesting EFMLA, as defined by District policy, procedure, regulation or protocol.

_____
Employee Signature

I acknowledge that if approved for EFMLA that the first 10 days of EFMLA are unpaid but that I have the option to substitute my pay during those 10 days with any available accrued vacation personal, sick, or EPSL I may have.

_____
Employee Signature

Section 4

I certify that the above information is true and correct.

_____ _____
Employee Signature Date

COVID-19: Request for Expanded FMLA Leave

FOR HUMAN RESOURCES USE:

THIS COMPLETED FORM AND ANY OTHER DOCUMENTATION RELATED TO THE REQUEST FOR EFMLA OR EPSL MUST BE RETAINED FOR 4 YEARS REGARDLESS OF WHETHER LEAVE IS GRANTED OR DENIED.

Date: _____

Request for EFMLA Approved: _____ Yes _____ No

Dates of Approved EFMLA: _____ _____

NOTES:

_____

_____

_____

_____

APPROVED BY:

_____
Area Vice President: Name and Title

_____
Area Vice President: Signature

_____
Vice President, Human Resources: Name

_____
Vice President, Human Resources: Signature