**Emergency Family and Medical Leave Act**

**Employee Request for Leave Form**

*This form must be completed and returned to \_\_\_\_\_\_\_\_ before any request for leave under the Emergency Family and Medical Leave Act (“EFMLA”) will be approved. Questions about the EFMLA or this form should be directed to \_\_\_\_\_\_\_. You may be contacted to provide additional information necessary to process your leave request.*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Identification Number: \_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Hire Date: \_\_\_\_\_\_\_\_\_

**Reason for Leave Request**

* Closure of your child’s school, place of care, or unavailability of your child’s care provider due to COVID-19
  + Child(ren)’s name(s) and age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Name(s) of school(s) or place(s) of care that has been closed or name of caregiver who is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Confirm that no other person will be providing care for the child(ren) during the period for which you would be receiving EFMLA leave. \_\_\_\_\_\_\_\_\_ (initial)
  + For a child 15 years of age or older, confirm that you are unable to work or telework during daylight hours because special circumstances exist requiring you to provide care. \_\_\_\_\_\_\_\_ (initial)

**Length of Leave**

Date Requested Leave is to Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

Anticipated Date Requested Leave Will End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

*EFMLA is only available for use from April 1, 2020 through December 31, 2020, and only for a qualifying reason occurring during that period. EFMLA is only available for up to twelve weeks, the first two of which may qualify as paid leave under the EPSLA.*

Are you Requesting Intermittent Leave: Yes \_\_\_ No \_\_\_

If yes, please explain the requested intermittent periods of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*The District will determine whether or under what conditions intermittent EFMLA will be allowed. Applicable limitations will be discussed with you when your request is processed.*)

**Payment During Leave**

For the first two weeks of EFMLA leave, the District will utilize paid leave (if available) under the Emergency Paid Sick Leave Act (“EPSLA”) at 2/3rd the regular rate of pay (subject to caps) and any accrued leave available under applicable District policies for the 1/3rd pay rate differential UNLESS you select the following:

* I do not wish to use my available paid leave under the applicable District policies to supplement the pay differential between the EPSLA leave and my regular rate of pay but rather, would prefer to either be paid at my 2/3rd rate of pay by utilizing my available leave under the EPSLA or, if I have exhausted my EPSLA leave, I would prefer this two week period to be unpaid.

*Once available EPSLA leave and accrued leave are exhausted, the remainder of the first two weeks of EFMLA will be unpaid*.

Subsequent EFMLA weeks are paid as follows:

[NOTE: School District should choose one of these three options to offer employees.]

[OPTION 1] You will be required to utilize accrued leave available under applicable District policies until your accrued leave is exhausted. After you have exhausted available accrued leave, your EFMLA will be paid at 2/3rds your usual pay (up to a maximum benefit payment of $200 per day).

[OPTION 2] Your EFMLA will be paid at 2/3rd your usual pay (up to a maximum benefit payment of $200 per day). You will be allowed to utilize accrued leave available under applicable District policies to supplement the pay differential between the EFMLA leave and my regular rate of pay until your accrued leave is exhausted. Check here if you choose this option: \_\_\_

[OPTION 3] Your EFMLA will be paid at 2/3rd your usual pay (up to a maximum benefit payment of $200 per day).

*Note that this provision applies only to EFMLA leave, and not to any other type of FMLA leave*.

**Certification**

I certify that the information I have provided is true and correct. I understand that it is my responsibility to notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immediately if there is any change to my leave request above.

Employee signature Date