

EMERGENCY FAMILY AND MEDICAL LEAVE INFORMATION FORM

Employees who are unable to work (or telework) for a reason that qualifies for Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to _____ for processing.

Employee Name: _____	
Employee Home Address: _____	E-mail: _____
Home Phone Number: _____	Cell Phone Number: _____
Anticipated Start Date of Leave: _____	Expected Ending Date of Leave: _____
<p>Reason for Leave (check all applicable): I am unable to work (or telework) for the following reason(s):</p> <p><input type="checkbox"/> I need to care for my son or daughter under age 18 because my child’s elementary or secondary school has been closed due to a “public health emergency,” as defined by the FFCRA.</p> <p><input type="checkbox"/> I need to care for my son or daughter under age 18 because my child’s place of care has been closed due to a “public health emergency.”</p> <p><input type="checkbox"/> I need to care for my son or daughter under age 18 because the child care provider for my son or daughter is unavailable because of a “public health emergency.”</p> <p>Name of minor child(ren) and name(s) and address(es) of minor child(ren)’s school, child care or child care provider(s):</p> <p>_____</p> <p>_____</p> <p>Provide any supporting documentation related to your need for EFMLA. For example, please provide notice of the school or child care closure posted on a government, school, or day care website, published in a newspaper, or e-mailed to you from an employee or official or the school, child care facility or provider.</p>	
<p>I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave</p> <p>If your need for leave is intermittent, please describe the nature of your intermittent leave:</p> <p>_____</p> <p>If teleworking, intermittent leave is not guaranteed and will be evaluated based upon business needs.</p>	
<p>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. 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 you are not eligible for emergency sick leave) and how many hours you plan to use.</p> <p><input type="checkbox"/> Yes, I would like to use _____ hours of _____ paid leave</p>	

I certify that the above information is accurate and complete. I understand that if the circumstances of my leave change, and I am able to return to work earlier than the date indicated on this form, I am required to notify my employer.

Employee Signature: _____ **Date:** _____

For Human Resources’ Internal Use Only:
Received by: _____ **Date:** _____