

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:	
Home Address:	E-mail:
Home Phone Number:	Cell Phone Number:
Anticipated Start Date of Leave:	Expected End Date of Leave:
By signing below, I certify that I am unable to work (or telework) because I need to care for my son or daughter¹ whose: <input type="checkbox"/> school or place of care has been closed; or <input type="checkbox"/> child care provider is unavailable	
due to a "public health emergency," as defined by the FFCRA, and no other suitable person is available to care for my son or daughter during the period of requested leave.	
Provide the name(s) and age(s) of child(ren) and name(s) and address(es) of child(ren)'s school or place(s) of care of child care provider(s): _____ _____	
I request (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave If you are requesting intermittent leave, please describe the nature of your request: _____ _____	
IMPORTANT: Intermittent leave is not guaranteed and is subject to the employer's agreement.	
Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however, you may be eligible for Emergency Paid Sick Leave ("EPSL") provided through the FFCRA. In the event you are not eligible for EPSL, you are permitted to use any paid leave you have accrued but not used to cover this period. Please indicate if you would like to use any such paid leave during the first 10 days of your absence (if you are not eligible for EPSL) and how many hours you plan to use. <input type="checkbox"/> Yes, I would like to use _____ hours of _____ paid leave	

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:** _____

¹ "Son" or "daughter" means biological, adopted or foster child, a stepchild, a legal ward or a child of a person standing *in loco parentis*, who is under 18 years of age; or is 18 years of age or older and incapable of self-care because of mental or physical disability.