

EMERGENCY FAMILY AND MEDICAL LEAVE ACT REQUEST FORM

Request must be made as soon as you know you will need to be off

Date: _____ Employment Start Date: _____ Length of Service: _____

Employee Name: _____

Address: _____ Cell Phone: _____

INFORMATION CONCERNING MY REQUEST FOR FMLA

☐ I certify that I am unable to work due to a need to care for my son(s) and/or daughter(s) who are under the age of 18 (or s/he is an adult but is incapable of self-care because of a disability) because their school or place of care has been closed, or their childcare provider is unavailable due to an emergency with respect to COVID-19 declared by a federal, state, or local authority.

☐ I request to take a continuous period of leave.

Start Date of Leave: _____

End Date of Leave: _____

☐ I request to use EFMLA leave intermittently. If requesting intermittent EFMLEA leave, please indicate the dates you will need to be off work to care for your child (you are only entitled to intermittent EFMLA if you employer agrees to allow). _____

☐ I want to use available paid leave for first two weeks of EFMLA leave. The first 2 weeks (for full time, 80 hours) of EFMLA leave are unpaid, however, you can use accrued, unused PTO pursuant to the Company's PTO policy, or EPSL under the Company's EPSLA Policy. If you want to use paid leave for the first two weeks, please select which leave you want to use ☐ PTO Leave or ☐ EPSL Leave.

☐ If allowed by the Company, I also want to use accrued, unused PTO to bring your paid leave up to my normal earnings. If you elected to use your EPSL leave above, you can also use accrued, unused PTO to

supplement both your EPSL (for the first two weeks) and EFMLA leave pay (for any time thereafter up to 12 weeks) to bring your paid leave up to your normal earnings.

I also acknowledge that if the company provides me the paid leave before it has received all requested documentation, the pay is viewed as an advance on wages unless or until the Company finally approves the leave; and if the leave is denied, I will owe the money back and my employer

Employee Signature: _____ Date: _____

