

Employee Request for E-FMLA Child Care Related Leave

Name of Employee:	Job Position:	Job Location:

A. INSTRUCTIONS TO EMPLOYEE

The federal “Emergency Family Medical Leave Expansion Act” (E-FMLA) (a part of the new “Family First Coronavirus Response Act”) provides up to twelve (12) weeks of emergency leave to eligible employees who are unable to work or telework due to a need for leave to care for a son or daughter under 18 years of age because the child’s school or place of care has been closed or the child care provider of such son or daughter is unavailable due to the COVID-19 crisis. “Child care provider” means a provider who receives compensation for providing child care services on a regular basis. If you believe you qualify for E-FMLA, please read and complete this form and submit it to Human Resources (HR) (submission instructions are below). Be as specific as you can. For some requests, you may be required to submit appropriate documentation.

B. ELIGIBILITY FOR E-FMLA and SUPPORTING DOCUMENTATION / INFORMATION

The chart below lists eligibility requirements you must meet to qualify for E-FMLA. You must certify: (1) that you have been employed for more than 30 calendar days; (2) you are unable to come to work or work from home (telecommute) due to closure of your child’s school or place of care, or the unavailability of a child care provider; (3) your relationship to the child for whom you need E-FMLA to care for; (4) that no other co-parent, co-guardian, or regular child care giver is available to care for the child; and (5) if the child is over age 14, the special circumstances preventing the child from staying home without you during daylight hours. If documentation is unavailable, you may provide the information requested and certify that such information is true and accurate by your signature below. In the event you state that special circumstances require you to be home during daylight hours to care for a child over the age of 18, you may be required to provide medical documentation.

Select	Certification of Eligibility for Leave	Documentation or Certification
1	I have been employed more than 30 calendar days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	My child’s school or regular place of care is closed, and/or the child’s regular caregiver is unavailable.	Documentation of closure is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not available</i> , provide name and contact information of child’s school or regular childcare provider: _____ _____
3	The name, age, and relationship of the child(ren) for whom I must care.	Name/Age of Child(ren): _____ _____ Relationship: _____
4	I certify that no co-parent, co-guardian, or other individual in the home can care for the child(ren). If a co-caregiver is available on some, but not all days, or some, but not all hours, that you typically work, please provide days and times when another caregiver is available to care for the child(ren).	Another co-caregiver is available on certain days or hours to care for the child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state days and times you CAN work OR telework. _____
5	If your child is between ages 15 and 17, describe any special circumstances, such as existence of a medical or other condition, court order, or other circumstances for which you can provide documentation, that exist such that the child(ren) cannot stay at home alone during daylight hours. You do not need to provide specific detail of a child’s medical condition. Please see section G, below.	Documentation of circumstances attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Circumstances: _____ _____ _____
6	The first 10 business days of E-FMLA leave is unpaid. If you are receiving paid sick leave under the federal Emergency Paid Sick Leave Act (EPSLA), this paid leave will run concurrently with your E-FMLA, leaving you with up to an additional 10 weeks of paid leave per E-FMLA. Have you taken, or do you intend to take, EPSL to care for a child whose school is closed or whose childcare is unavailable due to the COVID-19 crisis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7	The maximum amount of leave available under the E-FMLA <u>and</u> the FMLA is twelve weeks. Have you taken FMLA leave for any reason during the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the dates of your FMLA leave?
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C. EXPLANATION OF BENEFITS AVAILABLE

Employees who have been employed with this company for over 30 calendar days are eligible for up to 12 weeks of E-FMLA leave to care for a son or daughter whose school or place of care has been closed, or whose childcare provider is unavailable due to the COVID-19 crisis. If you are eligible for E-FMLA leave, you are entitled to (1) 2 weeks of unpaid leave (*OR*, if you separately receive paid leave under the EPSLA, the EPSLA paid leave); plus (2) up to 10 weeks of additional leave in which you will receive two-thirds (2/3) of your current pay (wages or salary), capped at \$200 per day, up to a maximum of \$10,000 for the full leave period. E-FMLA leave may be taken intermittently if you are available to work or telework on certain days or hours, but not all of the days or hours that you typically work.

D. AMOUNT OF LEAVE REQUESTED

You may request up to twelve (12) weeks of E-FMLA leave (ten weeks if you are also taking EPSL). You will be required to provide updates of your need for leave every fifteen (15) days. In the event your need for leave ceases, you must notify Human Resources immediately. Failure to do so may result in disciplinary action, up to and including termination of employment.

What is your requested start date?	
How many weeks are requested?	
If intermittent days or times are requested, list dates and times (if known at this time) of all days that you request for intermittent E-FMLA.	

E. HOW TO SUBMIT THIS FORM

Please sign and submit this form to HR by (1) hand delivery, or (2) email. If submitting by email, attach as a PDF. If you cannot create a PDF, attach a *legible* photograph of the form, taken on a smart phone.

F. CERTIFICATION BY EMPLOYEE

I certify that the information I provided above is true and correct, and that any documentation I submitted is true and correct. I understand that my failure to provide truthful information on this form, or my usage of E-FMLA for any purpose other than those described above (including my use of E-FMLA after cessation of the need for leave), may result in disciplinary action, including termination.

Signature: _____ **Date:** _____

G. OTHER IMPORTANT INFORMATION

MEDICAL DOCUMENTATION: If you submit medical documentation in support of your request, it should be signed by a licensed health care provider. Such documentation need not include any explanation about a particular illness, injury, or other medical condition. You do not need to provide personal medical information about you or your child. Medical documentation related to section B(5) of this form shall be sufficient if it states that “For health and safety reasons, _____ [your name] must be present at all times while his/her 15-17 year old child’s school or place of care is closed or his/her child care provider is unavailable due to COVID-19 reasons.”

RETALIATION PROHIBITED: The company will not take adverse action against you for requesting E-FMLA leave, using E-FMLA leave, or attempting to exercise a right under E-FMLA. If you believe you are being retaliated against for these reasons, notify Human Resources immediately.

OTHER LEAVE: You may take other company-provided and accrued paid leave in lieu of unpaid E-FMLA leave if you have exhausted your EPSL leave at the time you submit this request for E-FMLA leave.

EXPIRATION: E-FMLA leave is available starting on April 1, 2020. The Act expires on December 31, 2020. You will not be entitled to cash out unused E-FMLA leave at the end of 2020 or upon separation from employment.

E-FMLA DOES NOT OTHERWISE AMEND THE FMLA: The paid leave provided under the E-FMLA is limited to circumstances in which an employee is needed to care for a son or daughter under the age of 18 because the child's school or place of care is closed, or the child's caregiver is unavailable due to the public health emergency of COVID-19. Leave requested or provided for any other reason for which leave is permitted under the Family and Medical Leave Act (FMLA) remains unpaid. In addition, while the E-FMLA applies to employers with 1-500 employees, the FMLA remains applicable only to employers with 50 or more employees.

MAXMIUM LEAVE PERIOD UNDER FMLA AND E-FMLA IS TWELVE WEEKS. All leave taken during the applicable 12-month period of eligibility for FMLA leave is counted toward the total maximum of 12 weeks provided under the E-FMLA. If you have taken FMLA leave for any other reason over the past 12 months, your maximum entitlement to leave under the E-FMLA will be adjusted accordingly.