



Employee Statement for Emergency Family and Medical Leave (EFMLA) Request

To be considered eligible for emergency family and medical leave sick leave (EFMLA) for the **qualifying reason of a child's school or childcare provider closure or unavailability due to a public health emergency**, an employee must provide the following information:

Employee Name

Date or Dates Leave is Needed

Name of school or place of care that is unavailable

(Please attach documentation verifying the closure of the child's school or unavailability of the child's care provider, such as a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.)

Full name and age of child to be cared for

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For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during daylight hours.

If you are able to take the EFML incrementally, please provide detail below. (Subject to supervisor approval)

The first two weeks of EFML is unpaid. However, employees may elect to use their EPSL benefit or their own accrued benefit time for the first two weeks of EFML. Please select one:

- I am requesting only EFML (first two weeks of leave will be unpaid)
- I am requesting EFML with benefit time (first two weeks of leave will be unpaid, however I am requesting to use by benefit time concurrently with unpaid leave)
- I am requesting to use EPSL for the first two weeks of EFML

After the first two weeks, EFML is paid at 2/3 of the employee's regular rate of pay, capped at \$200 per day. However, employees may elect to subsidize the pay differential by using their own accrued benefit time. If you would like to subsidize the pay differential, please select and complete the following:

- I am requesting to utilize accrued benefit time to make my total compensation whole during EFML in the following order (Please number 1, 2, or 3) ___ Sick ___ Personal ___ Vacation

Employee Statement: I am unable to work or telework during the period of requested leave and no other suitable person will be providing care for the child(ren) named above during the period for which I am receiving emergency family and medical leave.

Employee Signature

Date

Employee Emergency Paid Sick Leave (EPSL) Request Due to School or Childcare Closure

To be considered eligible for emergency paid sick leave (EPSL) for the **qualifying reason of a child's school or childcare provider closure or unavailability due to a public health emergency**, an employee must provide the following information:

Add Boxes For: (1) The employee's name and (2) The date or dates for which leave is requested;

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Name of school or place of care that is unavailable - Attach documentation verifying the closure of the child's school or unavailability of the child's care provider, such as a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

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Full name and age of child to be cared for

Full name and age of child to be cared for

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Full name and age of child to be cared for

Full name and age of child to be cared for

For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during daylight hours.

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Employee Statement: I am unable to work or telework during the period of requested leave and no other person will be providing care for the child(ren) named above during the period for which I am receiving emergency paid sick leave.

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Employee Signature

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Date