

# Covid-19 Pandemic: Sample Employee Leave Request Form

Below is a **sample** Emergency Family Medical Leave request form.

Employees requesting Emergency FMLA (EFMLA) as covered by the Families First Coronavirus Response Act (FFCRA) must complete this form and provide as much advance notice as is possible. Submit the form to HR for processing and guidance.

Please check one of the following:

- New request for leave
- Request for extension of leave

EMPLOYEE INFORMATION	
Full Name (First, Last):	
Home Address:	E-mail:
Phone Number:	
EMERGENCY CONTACT	
Full Name (First, Last):	
Phone Number:	
DURATION OF LEAVE	
Begin Date of Leave:	Anticipated Return to Work Date:
REASON FOR LEAVE	
<p><b>I am unable to work (or telework) or return to work for the following reason(s) (check all that apply):</b></p> <p><input type="checkbox"/> I need to care for my son or daughter under age 18 because my child's school has been closed due to COVID-19</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 COVID-19</p> <p><input type="checkbox"/> I need to care for my son or daughter under age 18 because the childcare provider is unavailable due to COVID-19</p> <p><input type="checkbox"/> I need to care for my son or daughter over age 18, who is incapable of self-care because of a mental or physical disability, because my child's place of care has been closed due to COVID-19 or the childcare provider is unavailable.</p>	
<p><b>Initial here:</b> Please certify with your initials that you are unable to work, including by means of telecommuting, for the above reason(s).</p>	

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, you must provide the following information.

DEPENDENT INFORMATION	
<i>If you have more than three children please provide a separate list with their name, age, and name and address of school/childcare provider.</i>	
Child #1	
Child's name:	Child's Age:
Name of School/Childcare:	
Address of School/Childcare:	
Child #2	
Child's Name:	Child's Age:
Name of School/Childcare:	
Address of School/Childcare:	
Child #3	

Child's Name:	Child's Age:
Name of School/Childcare:	
Address of School/Childcare:	
<b>Certification of need for EFMLA</b>	
<b>Initial Here:</b> Please certify with your initials that no other person will be providing care for the above child(ren) during the period for which you are requesting EFMLA leave.	
<b>Request for intermittent leave</b>	
If your need for leave is intermittent, please describe the nature of your intermittent leave:	
<b>Support for dependent(s) over the age of 14</b>	
If you child is over the age of 14, please describe special circumstances that exist requiring you to provide care during daylight hours:	
<b>SUBSTITUTION OF PAID LEAVE</b>	
Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however for this period you may be eligible for emergency sick leave provided through the FFCRA. Please review options A and B and select from the following.	
<p><b>(A)</b> In the event you have already utilized the 10 days of emergency sick leave, please indicate whether you would like to utilize your paid time off accruals during this period, or whether you would prefer to be unpaid.</p> <p><input type="checkbox"/> I would like to supplement my leave by utilizing my PTO accruals. I understand that Human Resources will review my options and assist with developing a PTO plan.</p> <p><input type="checkbox"/> I will not be utilizing any additional paid time off.</p> <p><b>(B)</b> Once covered under EFMLA, your paid leave is equivalent to two-thirds of your regular rate up to \$200 per day. Please indicate if you would like to supplement the remaining one-third with your paid time off.</p> <p><input type="checkbox"/> I would like to supplement my leave by utilizing my PTO accruals. I understand that Human Resources will review my options and assist with developing a PTO plan.</p> <p><input type="checkbox"/> I will not be utilizing any additional paid time off.</p>	

**REQUIRED DOCUMENTATION**

Any notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider. *Note, we may require additional information based on updated guidance from the Department of Labor (DOL) or the Internal Revenue Service (IRS).*

**CERTIFICATION OF ACCURACY AND COMPLETENESS**

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action. *In the absence of a real signature, an electronic typed signature may be acceptable.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For more information, contact the American Academy of Dermatology: aad.org**

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