

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>I am unable to work (or telework) or return to work for the following reason(s) (check all that apply):</p> <ul style="list-style-type: none"> <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 <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 <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 <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>Initial here: 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:	

For more information, contact the Academy's Practice Management Center:

WEBSITE: aad.org/practicecenter

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Address of School/Childcare:	
Child #3	
Child's Name:	Child's Age:
Name of School/Childcare:	
Address of School/Childcare:	
Certification of need for EFMLA	
Initial Here: 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.	
Request for intermittent leave	
If your need for leave is intermittent, please describe the nature of your intermittent leave:	
Support for dependent(s) over the age of 14	
If you child is over the age of 14, please describe special circumstances that exist requiring you to provide care during daylight hours:	
SUBSTITUTION OF PAID LEAVE	
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>(A) 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) 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: _____

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Below is a **sample** Leave of eligibility and designation for extended Family and Medical Leave (EFMLA) notice letter.

To:

From:

We understand that you are currently experiencing a COVID-19 related event that may qualify for a leave of absence under the Expanded Family and Medical Leave Expansion Act (EFMLA). We have reviewed your request for leave under the EFMLA received on _____ and decided:

Your EFMLA request is **approved**. You are eligible for up to 12 weeks of EFMLA during the designated FMLA leave year as outlined below.

- Your EFMLA leave will be taken consecutively between the dates of: _____
- You have already used ____ weeks of traditional FMLA during the designated leave year; therefore, you have ____ weeks of EFMLA remaining before your 12-week EFMLA/traditional FMLA benefit is exhausted.
- Your leave will be taken intermittently, scheduled as follows: _____

Compensation during EFMLA will be handled as follows:

- Your first two weeks of EFMLA are unpaid.
- You have elected available paid leave, such as vacation, personal, or PTO, for the first two weeks of unpaid EFMLA.
- You are required to use available paid leave, such as vacation, personal, or PTO for the first two weeks of unpaid EFMLA.
- Your first two weeks of EFMLA will be/have already been paid through emergency paid sick leave to care for your child because the child's school/childcare provider closed or is unavailable due to the public health emergency.

After the first 2 weeks, your remaining EFMLA will be paid, up to another 10 weeks (as applicable) through December 31, 2020. You are entitled to receive two-thirds (2/3) of your regular rate of pay for each day for your remaining EFMLA leave up to \$200 per day for up to 10 weeks (\$10,000 total), as applicable. You may choose to use existing accrued paid time off to supplement the amount you receive, up to your normal earnings, for the 10 weeks (as applicable).

Your EFMLA request is **denied**, for the following reason:

- You have exhausted your 12-week traditional FMLA leave benefit for the designated leave year.
- Your leave request does not meet the criteria.
- Your leave request is lacking supporting documentation
- You have not been employed for at least 30 calendar days.
- Your position has been impacted by a temporary or permanent layoff.

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- You work in a qualified health care provider or emergency responder role, which is excluded from leave under the provisions of the FFCRA.
- As a small business with fewer than 50 employees, an authorized officer of the business has determined that providing EFMLA would jeopardize the viability of our business

If you have any questions or concerns regarding your eligibility, rights and responsibilities for EFMLA under FFCRA, please contact the practice manager. Providing false or misleading information regarding the need for EFMLA will be grounds for corrective action, up to and including termination of employment.

Practice Manager's

Signature: _____ **Date:** _____

In absence of written signature, please accept my typed name as my digital signature.

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