



Families First Coronavirus Response Act Expanded FMLA (EFML)

EMPLOYEE INFORMATION

Name: _____ Location: _____

REASON FOR LEAVE REQUEST & ABSENCE DATES

Child(ren)'s School/Childcare Closure/Unavailability Absence Dates: From: _____ To: _____

PAY STATUS DURING THE LEAVE:

The first 2 weeks of Expanded FMLA is unpaid. Employees may choose to receive pay through the use of AVAILABLE PAID LEAVE HOURS. Indicate your election for the first 2 weeks of Expanded FMLA:

- USE AVAILABLE PAID LEAVE HOURS IN THE ORDER SPECIFIED BELOW**
- NOT USE ANY FORM OF AVAILABLE PAID LEAVE HOURS AND GO INTO AN UNPAID STATUS.**
Please note going into an unpaid status can have certain consequences such as the requirement to pay for the employee's share of health benefits out of pocket and the lack of accrual of additional leave.

Please identify the number of hours you wish to use AND the priority in which you wish to use your hours. For example, for two weeks off you can enter 40 hours vacation and 40 hours of Sick time. Put a #1 priority for Vacation and #2 priority for Sick Time. By "prioritizing" you will exhaust all time in the order preferred, if applicable. Please feel free to call your Business Manager for assistance.

Description	Hours	Priority	Description	Hours	Priority
Emergency Paid Sick Leave			Vacation Leave		
Sick Leave					
Leave w/o Pay					

The remaining period of Expanded FMLA (up to 10 additional weeks) is paid at 2/3 of your regular rate of pay with a maximum of \$200 per day. Employees may choose to supplement this amount with available paid leave hours in order to receive full pay. Note: For some employees, Federal Emergency Paid Sick Leave also has a daily cap on compensation and employees may wish to use other available paid leave hours to supplement such amounts.

- TO USE AVAILABLE PAID LEAVE HOURS TO SUPPLEMENT THE DAILY PAY CAPS IN THE FFCRA IN THE ORDER SPECIFIED BELOW**
- TO NOT USE ANY FORM OF AVAILABLE PAID LEAVE HOURS TO SUPPLEMENT THE DAILY PAY CAPS IN THE FFCRA**

Please identify the number of hours you wish to use AND the priority in which you wish to use your hours.

Description	Hours	Priority	Description	Hours	Priority
Emergency Paid Sick Leave			Vacation Leave		
Sick Leave					
Leave w/o Pay					

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS FAMILIES FIRST CORONAVIRUS RESPONSE ACT EXPANDED FMLA (EFML) FORM.

I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Signature: _____ Date: _____