

**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 for their own child(ren):

Name, address, phone number of school or place of care that is unavailable

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Full name and age of my child to be cared for

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Full name and age of my 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.

**Optional: Complete if you wish for your FMLA leave to be intermittent, during the following days and hours:**

1. Monday	2. Tuesday	3. Wednesday	4. Thursday	5. Friday	6. Saturday	7. Sunday

**Employee Attestation:**

I certify that no other person will be providing care for my child(ren) named above during the period for which I am receiving emergency family and medical leave.

I understand that this Emergency Act allows for up to 12 weeks of job protected leave. If approved, the first 10 days are unpaid. The remaining time, which may be up to 10 weeks are paid at a rate of 2/3's the normal pay rate of the employee because the employee has to stay home and provide care for their own child (under 18) if the child’s school or child care provider is no longer available. You may use your accrued vacation and or sick time during the first 10 days but you are not required to.

I understand that providing false or misleading information regarding the need for EFMLA or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Employee Name

Date

**Submit**