ESD 105 EMERGENCY FMLA LEAVE REQUEST FORM (EFMLA)

Employees may be entitled to leave under the Emergency FMLA Expansion Act (EFMLEA) in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility and qualifying reason requirements. Employees in need of this leave are to complete this form and submit it, and forward any questions to Veronica Naranjo, Director of Human Resources veronica.naranjo@esd105.org.

Employee Name: _____________________________________________________________

Mailing Address: ______________________________________ E-mail: __________________

Office Phone Number: ____________________ Alternate Phone Number: __________________

Employment Start Date: _____________ (Must have worked for ESD 105 for 30 days to be eligible for EFMLA.)

Expected Begin Date of Leave: _____________ Expected Return to Work Date: _____________

REASON FOR LEAVE

Employees satisfying the eligibility and qualifying reason below are eligible for 12 weeks of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee’s regular compensation rate unless other options are selected on this form. Refer to policy or maximum allowable pay amounts. (Please note that the period of time during which employees are paid at two-thirds their regular pay is not reportable to the Department of Retirement Systems (DRS) and may affect the employee’s service credits for retirement.)

Select the reason and follow the applicable instructions.

☐ I am unable to work or telework because I need to care for my child under age 18 because my child’s elementary or secondary school, childcare provider, or child’s place of care has been closed or is unavailable due to a public health emergency. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave. (Attach notice or documentation related to the unavailability of the school (outside of the governor’s mandated closures), daycare, place of care or person providing care to the child. ESD 105 reserves the right to request confirmation regarding the nature of the closure or unavailability. For school closures associated with the governor’s mandated closures, no supporting documentation will be required as ESD 105 will rely upon the governor’s mandate.)

Name(s) and Age(s) of Child or Children: __________________________________________________________

If the age of the child(ren) is between 14 and 18, the following special circumstances exist requiring me to care for the child(ren) during my work hours:

___________________________________________________________________________________________

___________________________________________________________________________________________
SUBSTITUTION OF PAID LEAVE FOR FIRST TEN DAYS OF EFMLEA

In accordance with the FFCRA, the first ten days of EFMLEA is unpaid, however you may be eligible to use Emergency Paid Sick Leave Act (EPSLA) provided through the FFCRA to cover this period at 2/3 of full pay or you may elect to use your available annual and/or sick leave as paid leave to cover this period at full pay to the extent of your leave balances. Please indicate the leave option you would like to use during the first 10 days of your absence and how many hours you plan to use. NOTE: Selection of accrued annual and sick leave is subject to the availability of your accrued leave. If requesting Emergency Paid Sick Leave, you must also complete and submit an Emergency Paid Sick Leave form. NOTE: Selection of EPSLA may not be combined with annual and/or sick leave.

☐ Annual Leave: ____Hours   ☐ Sick Leave: ____Hours   ☐ I do not wish to use my sick/annual leave

CONTINUOUS OR INTERMITTENT LEAVE

After completing the first ten days of EFMLA, an employee may choose to take 10 weeks of continuous leave under EFMLA. Continuous leave means the employee will not complete any work duties during this period but will be at 2/3 of regular pay during EFMLA.

An employee may elect to take 10 weeks of intermittent leave, rather than continuous leave. Intermittent leave means an employee will complete some work duties on a modified schedule as approved by the employee’s supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods of EFMLA.

I am requesting (choose one):   ☐ Continuous leave   ☐ Intermittent leave (see below)

If your need for leave is intermittent, please describe the requested schedule:

_____________________________________________________________________________________

_____________________________________________________________________________________

EMPLOYEE CERTIFICATION AND SIGNATURE

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 honor the intermittent EFMLA schedule I may be subject to discipline in accordance with ESD 105 Policy.

Employee Signature: ____________________________ Date: __________________________

FOR HR BENEFITS & LEAVE ADMINISTRATOR USE

Leave Approved By:____________________________ Date: __________________________

Period of Leave:_________________________ Intermittent Leave Schedule if applicable: __________________________

Duration and Type of Substituted Leave for First Ten Days Approved: __________________________

ESD 105 Human Resources will retain all records related to this leave request for at least 4 years for auditing purposes.