

**Emergency Family Medical Leave Act (EFMLA) Form**HR 6201 – *the Families First Coronavirus Response Act (FFCRA)* | April 1, 2020 – March 31, 2021**Section I: Employee Information**

Employee's Full Name

Position Title

Agency/Division

Employee ID Number

Date of Hire

Is your Spouse employed by the County and requesting EFMLA?

 Yes No*If yes, provide the following:*

Spouse's Name

Employing Agency:**Section II: Leave Request Form**

Dates requested for Leave of Absence

Starting Date: _____

Ending Date: _____

Reason(s) for leave:

- Unable to work (or telework) because the applicant is caring for their child (18 years of age or younger) because the school is closed, or childcare provider is unavailable due to an emergency with respect to COVID-19 declared by a Federal, State, or Local Authority.

Type of leave requested:

- Continuous
 Intermittent*
 Modified/Reduced Schedule*

Describe the Intermittent/Modified/Reduced Leave Schedule, if requested:

* Intermittent, modified, and/or reduced leave schedules must be mutually agreed upon by employee and supervisor.

Type(s) of leave you will be using with your EFMLA request: *Indicate the type(s) of leave you will be using in addition to the paid EFMLA benefit and the number of hours for each leave type. You may select more than one type of supplemental paid leave.*

- Annual _____ Personal _____ NONE
- Compensatory _____ Administrative _____

A complete and sufficient certification to support a request for EMFL due to a qualifying reason as described by the Families First Coronavirus Response Act, includes any available written documentation that supports the need for the leave. Such documentation may include, for example, a document confirming the closure of your child's daycare facility. **If you are a health care provider or emergency responder as defined by the FFCRA, your documentation must indicate and support your need for leave due to extraordinary and extenuating circumstances:**

Is available written documentation supporting this request for leave attached?

- Yes No None Available

Section III: Verification and Acknowledgment

Employee's Signature

Date

Supervisory Acknowledgement

Date

Section IV: EFML Request Status

- Approved
- Denied

Appointing Authority's Signature

Date