

Emergency Family and Medical Leave Act: Employee Request for Leave Form¹

This form must be completed and returned to _____ before any request for leave under the Emergency Family and Medical Leave Act (the "E-FMLA") will be approved. Questions about the E-FMLA or this form should be directed to _____.

Employee Name: _____ Employee Identification Number: _____

Today's Date: _____

Reason for Leave Request:

- Closure of your child's school, due to COVID-19
- Closure of your child's place of care, due to COVID-19
- Your child's care provider is unavailable, due to COVID-19

Date Requested Leave is to Begin: _____, 2020.

Date Requested Leave Will End: _____, 2020.

E-FMLA is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.

Are you Requesting Intermittent Leave: Yes ___ No ___

If yes, please explain the requested intermittent periods of leave:

(The company will determine whether or under what conditions intermittent E-FMLA will be allowed. Applicable limitations will be discussed with you when your request is processed.)

Required Information Supporting Reason for Leave:

- You are unable to work or telework due to the COVID-19 reason indicated above because:

_____.
- Child(ren)'s name(s) and age(s): _____

- Name(s) of school(s) or place(s) of care that has been closed or name of care giver who is unavailable: _____

- You confirm that no other person will be providing care for the child during the period for which you would be receiving E-FMLA leave. _____ (initial).
- For a child 15 years of age or older, you confirm that you are unable to work or telework during daylight hours because special circumstances exist requiring you to provide care. _____ (initial)

¹ Do not use this form to request FMLA for one of the standard qualifying events, such as your own serious illness. Please use the company's standard FMLA leave request form for any FMLA request other than E-FMLA.

The First Two Weeks are Unpaid Unless You Request Use of Some Type of Paid Leave. Are You Requesting Any of the Options Below?

I request to use Leave under the Emergency Paid Sick Leave Act, which leave benefits will be paid at 2/3rds my usual pay to a maximum of \$200 per day): Yes ___ No ___

I request to use my available paid leave under company policy, which will be paid in accordance with policy: Yes ___ No ___

If I elect to use company policy leave and do not have sufficient paid leave available for the full two weeks, after I have exhausted my company paid leave: I will take unpaid leave: _____
I will utilize Emergency Paid Sick Leave Act leave _____ (choose one).

[ALTERNATIVE FINAL PARAGRAPHS]

Alternative 1:

Subsequent E-FMLA Weeks are Paid at 2/3rds Pay

Regardless of whether you elect to use paid leave for the first two weeks of E-FMLA leave, subsequent E-FMLA leave will be paid at 2/3rds your usual pay, to a maximum of \$200 per day.

Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave.

Alternative 2:

Subsequent E-FMLA Weeks Are Paid Per Your Election:

After the expiration of the initial two (2) weeks, the subsequent E-FMLA leave is paid until your leave allotment is exhausted. You may choose one of these two options:

Please pay me under the E-FMLA required benefits, which I understand are 2/3rds my usual pay to a maximum of \$200 per day): Yes ___ No ___

Please utilize my available PTO at my full pay until the PTO is exhausted, after which I will be paid at 2/3rds my usual pay to a maximum of \$200 per day: Yes ___ No ___

Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave.

Alternative 3:

Subsequent E-FMLA Weeks Are Paid As follows:

You will be required to utilize company provided PTO until exhausted. After you have exhausted available PTO, your E-FMLA will be paid at 2/3rds your usual pay to a maximum benefit payment of \$200 per day.

Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave.

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify _____ immediately if there is any change to my leave request above.

Employee signature

Date