



**Request for Expanded Family and Medical Leave (EFMLA)
Due to COVID-19 Related School or Childcare Closure/Unavailability**

Employee Name: _____

Position: _____ **Building/Department:** _____

Requested Continuous Leave Period: from _____ to _____

Requested Intermittent Leave Period: from _____ to _____

Please attach a detailed description of the intermittent leave day pattern or dates not exceeding 60 work days.

The end date of both continuous or intermittent leave may not go past December 31, 2020.

Important Information – please review before completing and submitting this form

- EFMLA is only available if you are unable to work or telework (i.e. remote work from home) because you need to, and actually are, providing care to your child(ren) whose school, place of care, or childcare provider is closed or unavailable due to COVID-19 reasons. You will be required to affirm that no other suitable person (e.g., a co-parent, co-guardian, or the usual childcare provider) is available to care for, or will be caring for, the child(ren) during the period of requested leave.
- To be eligible for EFMLA, you must have been employed by the District (i.e., on the payroll) for at least the 30 calendar days immediately prior to the date your leave would begin.
- EFMLA is available for up to 12 weeks. However, if you have recently used regular Family and Medical Leave Act (“FMLA”) leave for other qualified reasons, your EFMLA entitlement may be reduced. Likewise, use of EFMLA can impact your entitlement to regular FMLA leave for other qualified reasons.
- EFMLA is unpaid for the first two weeks. If you are eligible for Federal Emergency Paid Sick Leave (EPSL), you may use that leave, without charge to leave accruals for the initial unpaid period of EFMLA. EPSL will compensate you at 2/3 your normal rate of pay up to \$200. Alternatively, you may elect to use your accrued leave (personal day, vacation) during the initial unpaid period. Use of accrued leave will allow you to receive full pay.
- For the remaining 10 weeks of EFMLA, you may concurrently use your accrued vacation and personal leaves. For each day that vacation and personal leave is applied, you will receive your full rate of pay. Should you expend all available accrued leaves, the remainder of your EFMLA period will be paid at 2/3 your normal rate of pay up to \$200.

Check the boxes below, if true, and provide the requested information on the blanks provided

- I am caring for a child or children whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.

The child(ren)'s name(s) is/are:

The name(s) of the school, place of care, or child care provider is/are:*

- The/each child is a biological, adopted or foster child, stepchild, legal ward, or child from whom I stand in loco parentis.
- The above-named child(ren) is/are either:
- a) under age 14
 - b) over age 14, but under age 18, and special circumstances exist requiring me to provide care to such child(ren), or
 - c) 18 years of age or older and incapable of self-care because of a mental or physical disability.
- No other suitable person (e.g., a co-parent, co-guardian, or the usual childcare provider) is available to care for, or will be caring for, the above-named child(ren) during the period of the requested leave.
- I am unable to report for on-site work due to my need to care for the above-named child(ren) during the period of the requested leave.

Please answer the following questions regarding telework (i.e., remote work from home). Please note that telework is not automatically authorized for any position, but requests will be considered on a case-by-case basis taking into account the specific job duties of each position. Please check the box which corresponds to your circumstances should telework be authorized for you:

- If telework is authorized for me, I request to telework during the above-specified period for which I need to care for the above-named child(ren).
- If telework is authorized for me, I would be unable to telework during the above-specified period due to my need to care for the above-named child(ren).
- If available to me, I request to use Federal Emergency Paid Sick Leave without charge to my leave accruals during the initial unpaid period of Expanded Family Medical Leave.
- I certify that the above information is true and correct to the best of my knowledge. I understand that I may be subject to discipline, up to and including termination, if any of the information provided above is false.

Employee signature: _____ **Date:** _____