

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT REQUEST FORM**

**Emergency Family Medical Leave (EFML) / Emergency Paid Sick Leave (EPSL)**

DATE:      \_\_\_\_\_\_\_\_\_\_\_ EMP TYPE:  Classified  Faculty  Exempt  Hourly/Student

SID #:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME (Last, First):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY FAMILY MEDICAL LEAVE (EFML) QUALIFYING CONDITION:**

Up to 10 additional weeks (beyond EPSL period) of leave

1. **School/Child Care Closure**

My minor child’s school, place of care, or child care provider is unavailable due to COVID-19 and I am unable to work as a result.

My child(ren) are [list age/ages]:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If older than 14, describe special circumstances:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written notice from my child’s school, place of care, or child care provider documenting the closure or unavailability due to COVID-19 is attached. (Notice can be in the form of a letter or email to you from an employee or official of the school, place of care or child care provider; a copy of a posting on a government, school, or day care website; or a copy of a publication about the closure in a newspaper.) **NOTE: documentation is not required prior to beginning leave.**

No other suitable person can provide care for my child during the time I am requesting leave.

My supervisor and I have discussed my telework options and have agreed to a reduced telework schedule due to my need to provide care for my minor child.

My supervisor and I have discussed my telework options and have agreed that there are no telework options available for me.

My employer presently has work available for me to do.

I am unable to work at all due to childcare reasons and am requesting continuous leave until:      \_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**EMERGENCY PAID SICK LEAVE (EPSL) QUALIFYING CONDITION:**

Up to 2 weeks (80 hours) of leave (part-time employees will be prorated to a two-week equivalent)

1. **Isolation/Quarantine due to Federal, State or Local Order**

I cannot perform work because of a federal, state or local quarantine or isolation order.

My employer currently has work for me to perform, either at the workplace or remotely.

Documentation of the isolation quarantine order will be provided. NOTE: documentation is not required prior to beginning leave. **(Note: Leave is not available if the employer does not have work for the employee to do, even if it is as a result of an isolation or quarantine order.)**

1. **Isolation/Quarantine by Health Care Provider**

I have been advised by a health care provider,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [insert name of health care provider] to self-quarantine due to concerns related to COVID-19 and as a result I am unable to perform the work my employer currently has available for me.

Written documentation from the health care provider advising me to self-quarantine due to concerns related to COVID-19 will be provided. **NOTE: documentation is not required prior to beginning leave.**

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

1. **COVID-19 Symptoms and Diagnosis**

I am experiencing COVID-19 symptoms and seeking a medical diagnosis and as a result I am unable to work.

My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for myself. (Note: intermittent leave under this reason can only be used for teleworking employees.)

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

1. **Caring for an Individual in Isolation/Quarantine due to Federal, State or Local Order**

I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19 and as a result I am unable to work.

A copy of the Governor’s Stay Home-Stay Healthy Proclamation is attached.

My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for the individual in quarantine/isolation. (Note: intermittent leave under this reason can only be used for teleworking employees.)

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

1. **Caring for an Individual in Isolation/Quarantine by Health Care Provider**

I am caring for an individual who has been advised by a health care provider,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [insert name of health care provider] to self-quarantine due to concerns related to COVID-19 and as a result I am unable to work.

Written documentation from the health care provider advising the individual to self-quarantine due to concerns related to COVID-19 will be provided. **NOTE: documentation is not required prior to beginning leave.**

My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for the individual in quarantine/isolation. (Note: intermittent leave under this reason can only be used for teleworking employees.)

My employer presently has work available for me to do.

My supervisor has confirmed there is no telework option available for me.

**EXPECTED DATES OF LEAVE:** Begin Date:      \_\_\_\_\_\_\_\_\_ End Date:      \_\_\_\_\_\_\_\_\_\_\_\_

Will leave be taken intermittently? YES  NO If so, on what schedule?       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUBMISSION:** Please sign (or indicate signature below if emailing submission) this form and route to HR at [tmarker@wvc.edu](mailto:tmarker@wvc.edu).

I affirm that the foregoing is true and correct, and I understand that any misrepresentations provided as a basis for this request will be a basis for potential disciplinary action.

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_

**Employee’s Signature Date Supervisor Signature Date**

HR ONLY:

Employment Date: \_\_\_\_\_\_\_\_\_\_ Received: \_\_\_\_\_\_\_\_\_\_\_  EPSL Eligible  EFML Eligible  Not Eligible

Rev 10/2/20 tm