

# Families First Coronavirus Response Act (FFCRA) Emergency Family and Medical Leave Expansion Act (EFMLEA) Request Form



## Section I: Employee Information

Updated January 2021

Employee's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Section II: Leave Request

In agreement with the Families First Coronavirus Response Act (FFCRA) and Emergency Family and Medical Leave Expansion Act (EFMLEA) effective April 1, 2020 through March 31, 2021, and Family Medical and Servicemember Leave Policy 827, EFMLEA may be designated to an employee for up to 12 weeks, if they meet the following criteria:

1. A Qualifying need related to a public health emergency as described below;
2. Employed by Middle Tennessee State University for at least 30 calendar days;
3. Employee has not exhausted 12-weeks of regular FMLA leave.

### Qualifying need related to public health emergency (Please check box if you meet the following criteria):

I am an employee who is unable to work (or telecommute) due to a need for leave to care for a son or daughter under 18 years of age due to the child's school or place of care being closed, or the childcare provider is unavailable, for reasons related to COVID 19 (i.e. the public health emergency).

Requested start date: \_\_\_\_\_

Anticipated end date: \_\_\_\_\_

Intermittent Leave Requested: Yes  No

If your need for leave is intermittent, please describe the nature of your intermittent leave:

### Duration of Leave:

A full-time employee is eligible for up to 12 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however you may be eligible for emergency sick leave provided through the FFCRA. In the event you are not eligible for emergency sick leave, you are permitted to use available paid leave to cover this period.

### Documentation Requirements:

Notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

### Calculation of Pay:

Employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

## Section III: Employee Signature

I certify to the best of my knowledge that all of the information on this form is correct. If my leave is approved, my time away from work will be charged against my 12 week leave maximum under the FMLA.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_