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**E-FMLA Emergency Family and Medical Leave Act**

**Employee Leave Request Form**

*This form must be completed and returned to Human Resources 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* [*Rhondap@oregonhumane.org*](mailto:Rhondap@oregonhumane.org) *.*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am unable to work **or telework** due to:

* Closure of dependent child's school, due to COVID-19
* Closure of dependent child's place of care, due to COVID-19
* Dependent child's care provider is unavailable, due to COVID-19

Documentation Supporting Reason for Leave (submit your documentation with this form):

* Notice posted on a government website announcing closure of dependent child's school or place of case, due to COVID-19
* Notice posted on the website of dependent child's school or place of care announcing closure, due to COVID-19
* E-mail from an employee or official of dependent child's school or place of care announcing closure, due to COVID-19
* E-mail from dependent child's care provider stating unavailability to provide care, due to COVID-19
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested Leave is to Begin: \_\_\_\_\_\_\_\_\_\_\_\_

Date Requested Leave Will End: \_\_\_\_\_\_\_\_\_\_\_\_

Are you Requesting Intermittent Leave: Yes \_\_\_ No \_\_\_

If yes, please explain the requested intermittent periods of leave under the E-FMLA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Intermittent leave is available in full day increments)

E-FMLA is paid up to 10 weeks after the initial 2 weeks of unpaid time. FMLA/E-FMLA can not exceed a combined total of 12 weeks per year. E-FMLA will be compensated at 2/3rds pay, maximum $200/day. PTO cannot be used to supplement the days with 2/3 pay.

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

* I am also requesting Leave under the Emergency Paid Sick Leave Act (E-PSL)

(leave will be paid at 2/3rds your usual pay to a maximum of $200/day):Yes \_\_\_ No \_\_\_

* I request to use my available PTO:Yes \_\_\_ No \_\_\_
* If I do not have sufficient paid leave under company policy for the full two weeks, after I have exhausted my company paid leave (choose one):

I will take unpaid leave: \_\_\_\_

I will utilize Emergency Paid Sick Leave (E-PSL) \_\_\_\_\_\_

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

Employee signature Date

HR Received Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do not use this form to request regular FMLA leave. Please use the OHS standard FMLA leave requests forms for any FMLA request other than E-FMLA.