

# Emergency Family and Medical Leave (EFMLA)

– Request Form – SAMPLE

*Instructions:* Please use this form to formally request emergency leave solely due to school closure or loss of childcare due to the COVID-19 pandemic. Please also attach any notice you have received as proof of a school's/childcare provider's closure. If you choose to supplement your EFMLA with Emergency Paid Sick Leave (EPSL), you must fill out a request form for EPSL, as well.

Employee Name:	Phone Number:
Department:	Email Address:
Job Title:	Supervisor:
Effective Date of Leave:	Anticipated Return Date:

Please Check One:

Continuous Leave

Intermittent Leave

If leave is requested to be intermittent, please describe the proposed schedule below:

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Check if Desired:

I would like to utilize Emergency Paid Sick Leave in lieu of two weeks of unpaid leave.

I would like to use any accrued paid time off to supplement my unpaid hours.\*

\*NOTE: For weeks 3-12 of EFMLA, your employer may mandate the use of any accrued paid time off.

School/Childcare Provider Information (Please include Name, Address, and Phone Number):

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Information on Child(ren):

Child's Legal Name	Child's Date of Birth

For any child older than 14, please describe the special circumstances that require care during work hours.

I certify that no other person will be providing care for my child(ren) named above during the period in which I am receiving Emergency Family and Medical Leave (EFMLA). I also understand that while on leave I will not be performing my job duties with the expectation of additional compensation.

I understand that providing false and/or misleading information regarding my need for EFMLA may lead to disciplinary action up to, and including, termination of employment.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

*This form is a sample only, and it does not address all potential compliance issues with federal, state, or local standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your legal counsel to address possible compliance requirements.*