



## **Request for Expanded Family and Medical Leave Act Families First Coronavirus Response Act (FFCRA)**

**What is the FFCRA?** Effective April 1, 2020 through December 31, 2020, Congress has passed new legislation designed to help employees who are unable to work or telework due to the COVID-19 outbreak. The law contains two main components, each with different eligibility requirements and qualifying reasons for taking leave. Detailed information about FFCRA and benefits available to State employees can be found [here](#).

**Expanded Family and Medical Leave Act (FMLA)** leave may only be taken to care for a son or daughter<sup>1</sup> under the age 18<sup>2</sup> and the child's school or place of care has been closed, or child care provider<sup>3</sup> is unavailable, due to COVID-19 related reasons.

Employees are eligible for up to 12 weeks of leave to use from April 1, 2020 through December 31, 2020 for the purposes stated above. This time is included in, not in addition to, the total FMLA leave entitlement of 12 weeks in a 12-month period.

---

<sup>1</sup> "Son or daughter" is defined as a biological, adopted, or foster child, a stepchild, a legal ward or a child of a person standing *in loco parentis*.

<sup>2</sup> Children ages 15-17 require special circumstances for approval to take leave under Expanded FMLA. Employees may also take expanded FMLA leave to care for adult children age 18 or older if the child is incapable of self-care because of a mental or physical disability.

<sup>3</sup> "Childcare provider" means a provider who receives compensation for providing childcare services on a regular basis such as: a center-based childcare provider, a group home childcare provider, a family childcare provider, other licensed provider of childcare services for compensation. It also includes individuals who provide child care at no cost and without a license on a regular basis, such as grandparents, aunts, uncles, or neighbors.

**Request for Expanded Family and Medical Leave Act (FMLA)**

**Employee to Complete (Please Save This Form Prior to Filling Out)**

|   |  |   |  |
|---|--|---|--|
| <b>Employee Name</b>  |  | <b>Job Classification</b>   |  |
| <b>W#</b>   |  | <b>Agency/Department</b>  |  |
| <b>Email Address</b>  |  | <b>Phone #</b>  |  |
| <b>Start Date of Leave</b>                                  |  | <b>Type of Leave Requested</b>  |  |
| <b>End Date of Leave</b>                                    |  | Continuous leave<br>Intermittent Leave (Only with supervisor agreement) |  |
| If intermittent, please describe the proposed schedule:     |  |   |  |
|   |  |   |  |
| I have used FMLA leave in the last 12 months: Yes No Unsure |  |   |  |

**Eligibility:** As of April 1, 2020, all regular, contractual, and temporary State employees who have been employed for at least 30 calendar days.

**Qualifying Reason for Expanded FMLA:**

I am **unable to work, or telework**, due to a bona fide need for leave to care for my son or daughter whose school or child care facility is closed, or child care provider is unavailable, due to COVID-19 related reasons.

I certify (select the criteria that applies):

My child (or children) is/are under 18 years of age; and/or

My child (or children) is/are 18 years of age or older and incapable of self-care because of a mental or physical disability

| <b>Name of Child</b> | <b>Relationship</b> | <b>Age</b> | <b>Older than 14?</b>    |
|----------------------|---------------------|------------|--------------------------|
|                      |                     |            | <input type="checkbox"/> |
|                      |                     |            | <input type="checkbox"/> |
|                      |                     |            | <input type="checkbox"/> |
|                      |                     |            | <input type="checkbox"/> |
|                      |                     |            | <input type="checkbox"/> |

For any child over the age of 14, please state the special circumstances requiring care:

\_\_\_\_\_

Provide the name of school(s) or place(s) of care, or child care provider(s), which are closed or unavailable due to COVID-19 reasons

| <b>Name of School, Place of Care, or Child Care Provider</b> | <b>Phone #</b> | <b>Address (if care is provided at home, put home address)</b> |
|--|----------------|--|
|  |                |  |
|  |                |  |
|  |                |  |

Additional Explanation (if necessary):

---

**Acknowledgements**

- I certify that no other person will be providing care for the child (or children) during the period being requested.
  
- I understand that by submitting this request, I represent that I am unable to work or telework due to the reason identified above.
  
- I understand I must submit the required information to my supervisor before my leave begins wherever possible. In cases where this is not possible, I understand that my request with the information required must be submitted as soon as practicable
  
- I am also requesting approval for benefits under Emergency Paid Sick Leave (EPSL) provisions under FFCRA.

**Employee Signature**

**Date**

---

---

**To be completed by Human Resources:**

Approved

Not approved

|                                       |                             |                             |  |
|---------------------------------------|-----------------------------|-----------------------------|--|
| Effective Date                        |                             | End Date                    |  |
| Pay Code                              |                             |                             |  |
| # of Weeks of FMLA Available          |                             |                             |  |
| First 10 days of leave <sup>4</sup> : |                             |                             |  |
|                                       |                             |                             |  |
| <b>Leave Type</b>                     | <b># of Hours Requested</b> | <b># of Hours Available</b> |  |
| Emergency Paid Sick Leave             |                             |                             |  |
| Annual Leave                          |                             |                             |  |
| Personal Leave                        |                             |                             |  |
| Compensatory Leave                    |                             |                             |  |
| Unpaid Leave                          |                             |                             |  |
| Remaining FMLA <sup>5</sup> :         |                             |                             |  |
|                                       |                             |                             |  |
| <b>Leave Type</b>                     | <b># of Hours Requested</b> | <b># of Hours Available</b> |  |
| Annual Leave                          |                             |                             |  |
| Personal Leave                        |                             |                             |  |
| Compensatory Leave                    |                             |                             |  |
| 2/3 Regular Rate of Pay               |                             |                             |  |

<sup>4</sup> Employees are not required to take Emergency Paid Sick Leave (EPSL) concurrently with the first 10 days of unpaid leave under the Expanded Family and Medical Leave Act (FMLA).

<sup>5</sup> Employees are required to use accrued annual, personal, and compensatory leave concurrently with the remaining leave under Expanded FMLA, if available. Once leave is exhausted, an employee is entitled to receive 2/3 of their regular rate of pay for the remaining leave under Expanded FMLA.