

## Request for FFCRA Emergency Family and Medical Leave

Associates requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. Submit the completed form to Human Resources for processing.

You must provide 72-hour notice or as much advance notice as is reasonably practicable. This request must be for as far in the future as possible (at least looking forward one week)

Associate Name: \_\_\_\_\_ Associate Phone#: \_\_\_\_\_

Anticipated Begin Date: \_\_\_\_\_ Expected Return to Work Date: \_\_\_\_\_

**Reason for Leave** (*check all applicable*) I am unable to work/telework for the following reason(s):

- I need to care for my minor child(ren) because my child(ren)'s elementary or secondary school has been closed due to a public health emergency.
- I need to care for my minor child(ren) because my child(ren)'s place of care (including summer camps and programs) has been closed/limited due to a public health emergency.
- I need to care for my minor child(ren) because the child(ren)'s care provider for my son or daughter is unavailable because of a public health emergency.
- I attest that no other suitable person is available to care for my child during the requested period of leave.

**Name(s)/Age(s) of the child(ren) being cared for:**

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**Name of schools, places of care, child care providers that have closed/become unavailable:**

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*Documentation demonstrating the closure is required (news source, email from school/daycare, etc.)*

**I will need** (choose one):  Continuous leave  Intermittent leave

Intermittent leave is permissible if it is in a minimum of 4-hour increments. If your need for leave is intermittent, please describe the nature of your intermittent leave:

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**Substitution of Paid Leave:** *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. Please indicate if you would like to use paid leave during the first 10 days of your absence (if you are not eligible for emergency sick leave) and how many hours you plan to use.*

Vacation (\_\_\_\_ Hrs)  Personal/Sick Leave (\_\_\_\_ Hrs)

**I certify that the above information is accurate and complete and that no other suitable person will be caring for the child(ren) during the period of leave requested above. I understand that if I fail to report to work by the returned date above or fail to contact HR regarding an extension, corrective action may be taken.**

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

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give completed form to HR, send to [pwest@pbenet.com](mailto:pwest@pbenet.com), or fax to 419-373-7239