Human Resources

Akron, OH 44325-4733
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REQUEST FOR LEAVE FOR:

Emergency Family and Medical Leave Expansion Act (EFMLEA or Expanded Family Medical Leave) and Emergency Paid Sick Leave (EPSL) established under the Families First Coronavirus Response Act (FFCRA).

Effective April 1, 2020, and ending on December 31, 2020, employees will be entitled to the limited use, expanded leave under the Families First Coronavirus Response Act (FFCRA).

As a result, any employee requesting leave under this FFCRA shall complete this form. Employees are asked to read the FFCRA summary and FAQs prior to filling out and submitting this form.

Employee Name: _____ Date: _____

EMPLID: _____

LEAVE REQUESTED (please check):

Expanded Family Medical Leave

☐ I certify that I am unable to work (or telework) due to the need to leave to care for my son and/ or daughter under 18 years of age, because such child(ren)'s child care provider, school or place of care has closed in response to the current public health emergency (COVID-19):

Name and age(s) of child(ren) being cared for: _____

Check this box to affirm that no other suitable person is available to care for your child(ren) during the period of requested leave: ☐

Name of Child Care Provider, School or Place of Care: _____

Childcare Provider ◯ School ◯ Place of Care ◯

Beginning Date of Leave: _____ Ending Date of Leave:_____

Expanded Family Medical Leave will *consist of unpaid leave for the first ten (10) days* in which a qualified employee takes Expanded Family Medical Leave. Is the employee requesting to substitute accrued leave during this time? Yes ◯ No ◯

If yes, specify the type of leave requested for substitution:

Vacation: ◯ Emergency Paid Sick Leave: ◯ Comp Time: ◯

Other (please specify): ◯ _____

After the initial 10 days, remaining leave under Expanded Family Medical Leave will be paid at 2/3 of the employee's regular rate of pay subject to the monetary caps.

☐ **Emergency Paid Leave ("EPSL")**

Beginning Date/Time of Leave: _____

Ending Date/Time of Leave: _____

Reason for Leave (please check):

1. ◯ The employee is subject to a Federal, State, or Local quarantine or isolation order related to COVID-19
2. ◯ The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
3. ◯ The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. ◯ The employee is caring for an individual who is subject to an order as described in (1) or has been advised as described in (2)
5. ◯ The employee is caring for a son or daughter whose school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.

   I certify that I am unable to work (or telework) due to the need to care for my son and/or daughter under 18 years of age, because my child(ren)'s child care provider, school or place of care has closed in response to the current public health emergency (COVID-19):

   Name of Child Care Provider, School or Place of Care: _____

   Childcare Provider ◯ School ◯ Place of Care ◯
6. ◯ The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.

For items 1, 2 and/or 3 above (essentially, the employee's own COVID-related condition), employees will be paid their regular rate of pay, subject to the monetary cap. For items 4, 5 and/or 6 above (essentially caring for another and/or substantially similar conditions), employees will be paid at 2/3 of their regular rate of pay, for the number of hours the employee would otherwise be normally scheduled to work subject to the monetary cap.

Please provide the name of medical provider or government entity issuing quarantine or isolation order. Please note documentation may be required: _____

I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination of employment.

_____ _____ Date

Signature of Employee

_____ _____ Date

Human Resources Signature

Approved: ☐ Not Approved (reason): ☐ _____

Last edited 4/17/2020