

COVID-19 Emergency Family and Medical Leave Form (Temporary Benefit Expires 12-31-20 or Before)

Employee Statement for Emergency Family and Medical Leave (EFMLA) Request

To be considered eligible for emergency family and medical leave (EFMLA), the employee's son or daughter must be experiencing a school or child care provider closure or unavailability due to the COVID-19 public health emergency. To qualify, an employee must provide the following information:

Name, address, phone number of school or place of child care that is unavailable

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

Full name and age of child to be cared for

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

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For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during normal business hours (8am-5pm)..

Documentation Required:

A copy of a notification of closure from the school (if not a NY public school) or daycare must be attached with the application.

Employee Attestation:

I certify that no other person will be or is able to provide care for the child(ren) named above during the period for which I am receiving emergency family and medical leave.

I understand that providing false or misleading information regarding the need for EFMLA or any FFCRA qualifying event constitutes fraud and will be grounds for corrective action, up to and including termination of employment. By my signature below I am certifying that all of the above is accurate and that I am unable to work or telework due to a COVID-19 circumstance during the requested leave period.

Date or dates of requested leave

Employee Name

Date

Department Head Approval/Disapproval/Reason/Signature: