



Federal Emergency Leave Form Request for Expanded Family Medical Leave (EFMLA) COVID-19

Employee Name (Please print) _____ Dept _____

Hire Date _____ Supervisor _____

Name of Child _____

Child's School _____

Name of Child Care Provider _____

Requested Leave Start Date: _____ Estimated End Date: _____

For requests of up to Twelve (12) weeks of Expanded Family Medical Leave, complete the following information and return to a NKCES HR representative. I understand that EFMLA leave may be taken intermittently. EFMLA leave and traditional FMLA cannot be used in the same school year. The current provisions for EFMLA expires on December 31, 2020.

- I am caring for my child whose primary or secondary school or place of care has been closed due to COVID-19 related reasons or my childcare provider is unavailable due to COVID-19 precautions and no other suitable person is available to care for my child.

- I understand that the first two (2) weeks of EFMLA is unpaid, but the Employee may substitute and the Employer may require substitution of paid leave that the Employee is qualified for based on the same purpose under Board Policy. Leave after two (2) weeks is paid subject to limits provide by Federal Law.

Documentation of the reason for the leave will also be necessary:

- **3 Child Care Provider Certifications of Unavailability Due to COVID-19 Notice** from school or childcare provider that childcare if unavailable due to COVID-19

I verify my inability to work (both in-person and telework) for the above reason for the duration of the leave.

Employee Signature: _____ Date: _____

Received by HR Rep Signature: _____ Date: _____