

Emergency Family and Medical Leave Expansion Act (EFMLA) Request Form

Employees are eligible to take leave under the EFMLA Act if they have been employed at least 30 calendar days. This includes employees in any faculty, staff or student position. The FFCRA’s paid leave provisions are effective on April 1, 2020, and apply to leave taken between April 1, 2020, and December 31, 2020. These paid leave provisions are not retroactive. Employees are limited to a combined total of twelve weeks (480 hours) of leave taken under the EFMLA and FMLA during the fiscal year (which runs September to August). To request EFMLA leave as provided under the Families First Coronavirus Response Act and Texas A&M University’s EFMLA Policy, please notify your manager, then complete this request form and submit to your HR Unit Contact as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

NOTE: If documentation supporting the need for time off is available, it must be included with this request, as described in the EFMLA and EPSL Policy (see page 2 of this form).

Employee Name	Unit
Manager Name	Agency
Requested Time Off Start Date	Time Off End Date

I am requesting EFMLA time off due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child’s school or place of are, due to concerns related to COVID-19.
- The unavailability of my child’s regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I have attached appropriate documentation supporting my need for leave.

Employee Signature

Date

HR Contact/Absence Partner Signature-Confirms review by Absence Partner

Date

Approved Declined; if so, why? _____

Employee Statement Supporting EFMLA

(Print Employee Name)

I, _____, provide the following information in support of my request for EFMLA leave **(complete all that apply)**:

Name of school or place of care closed due to concerns related to COVID-19: _____			
OR Name of child caregiver unavailable due to concerns related to COVID-19: _____			
Name and age of child or children I am needed to care for:			
Name _____	Age ____	Name _____	Age ____
Name _____	Age ____	Name _____	Age ____
Name _____	Age ____	Name _____	Age ____
No other suitable person is available to care for my child for the requested leave period due to: _____ _____			
The special circumstances requiring my need for leave to care for a child ages 15-17 are: _____ _____			

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature

Date

EMPLOYEE - SUBMIT FORM TO HR Contact/Absence Partner	QUESTIONS??? - CONTACT Doris Tykal, Human Resources Specialist I dmykal@ag.tamu.edu , (979) 845-2361
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