Request for Emergency Family Medical Leave or Remote Work due to COVID-19

Under the FFCRA, an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or child provider is unavailable) for reasons related to COVID-19.

EMPLOYEE INFORMATION

Employee Name: _____ Mustang ID#: _____

Department: _____ Job Title: _____

Supervisor: _____ Work Phone: _____

List the address you can be reached during leave:

Address: _____ City/Zip: _____

Phone: _____

Last day worked: _____

Period of Absence Requested: From: _____ Through: _____

I will need (choose one): ☐ Continuous Leave ☐ Intermittent Leave ☐ Remote Work

If your leave is intermittent, please specify your work schedule _____

Substitution of Paid Leave: The Emergency Paid Sick Leave Act provides for an initial two weeks of paid leave. This period thus covers the first ten workdays of expanded family and medical leave, which are otherwise unpaid under the Emergency and Family Medical Leave Expansion Act unless you elect to use existing vacation, personal, or medical or sick leave under your employer's policy. After the first ten workdays have elapsed, you will receive 2/3 of your regular rate of pay for the hours you would have been scheduled to work in the subsequent ten weeks under the Emergency and Family Medical Leave Expansion Act.
Please indicate if you would like to use Emergency Paid Sick Leave during the first 10 days of your absence.

☐ Yes; (EPSL application required) ☐ No

CIRCUMSTANCES SUPPORTING THE LEAVE REQUEST

School closure or unavailability of childcare due to the COVID-19 related reason.

My child attends the following school/daycare: _____
NOTE: Appropriate supporting documentation must be attached.

By signing below, I certify that I intend to return to the position listed above at the end of this leave. I also certify to the best of my knowledge that all information provided on this application is true and accurate.

_____
Signature of Applicant   Date