

# Request for Emergency Family Medical Leave Act (EFMLA)



Human Resources  
MICHIGAN STATE UNIVERSITY

Request Date:

To request Emergency Family Medical Leave, please complete the following form and submit to Human Resources within 3 days of the request date above. Verbal notice will be accepted until a form can be provided. Employees may be subject to disciplinary action, up to and including termination, in connection with abuse of the leave. Leave available under EFMLA is paid after 2 weeks, at 2/3 pay up to \$200/day; \$10,000 in total and will expire December 31, 2020. Completed forms and documentation may be forwarded to Human Resources at [HR.EPSL-EFMLA@hr.msu.edu](mailto:HR.EPSL-EFMLA@hr.msu.edu) or faxed to 517-432-4102. Please refer to <https://hr.msu.edu/time-off-leave/ffcra.html> for further details and instructions.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**I certify that I am unable to work or telework** because I am the only person available to care for my child(ren) (age 14 or younger) whose school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. If it is necessary to care for a child over the age of 14, attach a statement detailing the special circumstances that exist requiring the employee to provide care.

Child's Name: _____	Age: _____	Child's Name: _____	Age: _____
Child's Name: _____	Age: _____	Child's Name: _____	Age: _____
School/Place(s) of Care that is unavailable: _____			

**Requested Leave** Start Date: \_\_\_\_\_ Estimated Return Date: Do \_\_\_\_\_

Do you have authorization from your department or supervisor to work or telework?

Yes                      No

If you answered yes to the question above, provide an explanation of why you are unable to work or telework:

## Type of Leave Requested:

Consecutive Leave      Intermittent [If taking intermittent, indicate specific dates (full work days), ex. 4/13]

The first ten days of leave are unpaid. I authorize supplementation of this time by applying:

Emergency Paid Sick Leave      Unpaid      Personal      Vacation

**If the leave qualifies as EFMLA**, the employee has the following responsibilities:

Provide Human Resources with at least 2 days' notice of your intent to return from the leave of absence.

**If the leave qualifies as EFMLA**, the employee has the following rights:

A maximum of 12 workweeks of FMLA/EFMLA allotment in a fiscal year (July 1 – June 30).

## Employee Acknowledgement

By submitting this request, you acknowledge that the information submitted is true, accurate and will be subject to verification. If false information is provided, the benefit will be denied.

## Follow-up

Please allow 3 business days for a member of the Human Resources team to respond to your request. If necessary, additional information may be requested for validation of the request.