

FMLA and EPFL/FMLA+ Notification Form

The purpose of this form is for an employee (or supervisor) to notify Human Resources that an employee is in need of FMLA or EPFL/FMLA+ either for themselves or an immediate family member (see definitions below). Upon notification from an employee that they will be absent from work for any possibly qualifying-reason, this completed form should be sent to the extended leave coordinator _____ in your human resources office.

Bureau/Work Unit:		Today's Date:
Employee Title:		Employee Status:
Employee Name:		Employee Phone Number:
Employee Date of Hire:	First day of absence:	Select the type of FMLA: Full-time Intermittent

Select the reason for FMLA:

- Serious Health Condition for myself
- Serious Health Condition for a family member
- Birth/Adoption/Foster Care
- Military Related

Select the reason for EPFL/FMLA+:

- COVID-19 Reason #5, Is caring for a child under 18 years of age whose school/place of care is closed due to the COVID-19 health emergency
- COVID-19 Reason #5, Is caring for a dependent age 18 years of age or over whose school/place of care is closed due to COVID-19 health emergency

<p>Select the person the leave is for:</p> <ul style="list-style-type: none"> Self Child Parent Spouse Adult dependent over the age of 18 	<p>Please indicate the days/hours of other FMLA use within the past 12 months (if known):</p> <hr/> <p>Other Comments:</p>
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Certification by Employee (check all that apply):

- I certify that the information provided on this form is accurate and that I believe I qualify for FMLA or EPFL/FMLA+ for the reason indicated above.
- I certify that no other person will be providing care for the child/dependent during the period for which I am taking family medical leave.

(employee signature) _____
(date)

Notes:

1. Human Resources will follow up with the employee on their individual situation to determine FMLA or EPFL/FMLA+ eligibility.
2. Please notify your extended leave coordinator when an employee goes on a leave without pay status.
3. Please notify your extended leave coordinator when employee returns to work. If out on FMLA, include a copy of any physician's note and indicate if the employee has returned full-time, modified hours, or intermittently.

Definitions:

FMLA is the Family and Medical Leave Act, a Federal law providing up to 12 weeks of "job-protected leave" (within a 12 month rolling calendar year) for eligible employees in the event that the employee must be absent from work for an extended period of time as a result of an employee's own serious health condition or to care for a family member with a serious health condition. The law provides for continuation of group health coverage during that leave under the same terms and conditions as if the employee had not taken leave.

EPFL/FMLA+ is an extension of the Family and Medical Leave Act in response to the COVID-19 health emergency. EPFL/FMLA+ provides FMLA coverage and 2/3 pay for both full- and part-time employees with 30 days of employment that need to care for a child or other dependent during the health emergency.