



# Emergency Family and Medical Leave Expansion Act (EFMLEA) Request Effective: April 1, 2020 through December 31, 2020

## Section I: Employee Information

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Employee Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

## Section II: Leave Request

In agreement with the Families First Coronavirus Response Act (FFCRA) and Emergency Family and Medical Leave Expansion Act (EFMLEA) effective April 1, 2020 through December 31, 2020, and Policy Governing Working Remote During the COVID-19 Pandemic Period. EFMLEA may be designated to an employee for up to 12 weeks; if employed by Tennessee State University for at least 30 calendar days and unable to work (or telework) due to a need for leave to care for a son or daughter under 18 years of age due to the child's school or place of care being closed, or the childcare provider is unavailable, for reasons related to COVID 19 (i.e. the public health emergency).

**Required documents:** Notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

**EFMLEA Leave:** Requested Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

***I certify that the above information is true, accurate, and complete to the best of my knowledge. I will notify the Office of Human Resources of changes to this information. I understand that corrective action may be taken for falsification of information***

### ***I understand the following:***

If my leave is approved, my time away from work will be charged against my 12 week leave maximum under FMLA. If I elect not to continue insurance coverage during the FMLA leave period, I must notify the insurance preparer in writing prior to the beginning of the leave. In the event that I go into an unpaid status while on leave, I understand that I must contact the Office of Human Resources to make arrangements to pay my portion of insurance premiums or other questions related to my benefits.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Calculation of Pay:

- For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
- For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
- For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

## Section III: Employer Review

Recommend Approval:  Yes  No

Department Head/Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Recommend Approval:  Yes  No

Human Resources/ CHRO: \_\_\_\_\_ Date: \_\_\_\_\_