



Email to: crystalh@swankco.com

EMPLOYEE REQUEST FOR EMERGENCY FAMILY AND MEDICAL LEAVE

Employees requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

Employee Name:	
Employee Home Address:	E-mail:
Home Phone Number:	Cell Phone Number:
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected Return to Work Date:
<p>Reason for Leave (check all applicable) I am <u>unable</u> to work (or telework) for the following reasons:</p> <p><input type="checkbox"/> I need to care for my son or daughter (including adopted, foster, step child or legal ward) because my child's elementary or secondary school has been closed due to a public health emergency.</p> <p><input type="checkbox"/> I need to care for my son or daughter (including adopted, foster or step child) because my child's place of care has been closed due to a public health emergency.</p> <p>Name of Child: _____ (includes adopted, foster, stepchild or legal ward).</p> <p>Name of School/Place of Care or Child Care Provider: _____.</p> <p>Is any other individual, such as a co-parent or guardian, relative or the usual child care provider available to care for the child during any of your normal work hours? _____</p>	
<p>I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave</p> <p>If you can work part, but not all of your normal hours due to a need for leave, please describe the nature of your request for intermittent leave:</p> <p>_____</p> <p>_____</p>	
<p>Substitution of Paid Leave: Pursuant to the EMFLA, the first 10 days of your leave is unpaid, however you may be eligible for emergency sick leave through the FFCRA which would provide 10 days of paid sick leave at 2/3 your regular pay or not more than \$200 per day or \$2,000 total. Alternatively, you may choose to use available PTO or sick leave in place of emergency sick leave. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use.</p> <p><input type="checkbox"/> Vacation/PTO (____ Hrs) <input type="checkbox"/> Sick Leave (____ Hrs) <input type="checkbox"/> Personal (____ Hrs) <input type="checkbox"/> Other (____ Hrs)</p>	

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____

Date: _____

Human Resources Signature

Date