

**Employee Statement for
Expanded Family Medical Leave (EFML) or
Emergency Paid Sick Leave (EPSL)
for Childcare Reasons**



The Families First Coronavirus Response Act

I, _____ (Print Employee Full Name),

A# _____ (Employee ID Number) am requesting leave because I am unable to work or telework due to the following reason:

- Employee is caring for a son or daughter (under 18 years old) whose school or place of care has been closed, or the childcare provider of such son or daughter is unavailable.

I. Requested Leave Type: Expanded Family Medical Leave Emergency Paid Sick Leave

II. Requested Start Date for Leave: _____

Requested Leave End Date: _____

III. Provide a brief description in support of your request for leave for childcare reasons:

IV. Provide a brief description of why you are unable to work or telework for such reason:

V. For requesting leave related to caring for your child(ren) due to a school closing or child care provider unavailability, please provide the following information:

I hereby certify and affirm that my child(ren) under the 18 years of age attend the below listed school/place of care, said school/place of care is closed, or the childcare provider is unavailable, due to a public health emergency, specifically, COVID-19, and I am the only person providing care for the child(ren) because no other individual is present and available to care for them.

Child Name	Child Age	School / Place of Care

If one of the child(ren) listed above is **14 years of age or older**, provide a brief description of the special circumstances that exist requiring you to provide care:

Paid Leave Duration: Emergency Paid Sick Leave is limited to 80 hours for full-time employees (e.g., 40 hours per week) or less for part-time employees based on normally scheduled work hours per day. Family Medical Leave, including the expansion for childcare, is limited to 12 weeks per rolling 12-month period.

Paid Leave Amount: Pending approval, The University will provide paid leave calculated based on **two-thirds of your regular rate of pay** multiplied by the number of hours you would otherwise be normally scheduled to work. In no event will paid leave exceed \$200 per day and \$2,000 in aggregate for Emergency Paid Sick Leave (EPSL), or \$200 per day and \$10,000 in aggregate for Expanded Family Medical Leave (EFML). The first 10 days of EFML are unpaid. Employees may use accrued annual leave, sick leave and/or compensatory time to receive an additional one-third of your regular rate of pay for either leave type. Employees may also use paid leave for the 10 days of unpaid EFML.

I have read and understand all information contained within this Employee Statement. I hereby certify and affirm all answers provided are accurate and understand that falsification of any information or certifications set forth herein is grounds for employee discipline, up to and including termination.

Employee Signature

Date

Once we obtain all required documentation from you, Human Resources will inform you via email in approximately five business days whether your leave request has been approved. If you have any questions, contact Human Resources at (256) 824-6545 or email uah.hr.edu.