

Request for Emergency Family Medical Leave Act (EFMLA)



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. Completed forms and documentation may be forwarded to Human Resources at hro@gvsu.edu or faxed to 616-331-9365.

Please refer to our new [FFCRA Webpage](#) for further details and instructions.

Name: _____ Phone: _____ E-mail: _____
Supervisor Name: _____ Department: _____
Job Title: _____ G#: _____

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 Sick/Salary Continuation 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 work weeks of FMLA/EFMLA allotment in a rolling calendar year.

Employee Acknowledgment

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.