

Request for Expanded Family Medical Leave Act (EFMLA)

Request Date: _____

To request Expanded Family Medical Leave (EFMLA) under the Families First Coronavirus Response Act, please complete the following form and submit to Kira Poulson in Human Resources within 3 days of the request date above. Verbal notice will be accepted until a form can be provided. The leave available under this EFMLA in total is 12 weeks (which will be reduced or unavailable if the employee has already taken FMLA). Employees are only eligible to take this leave through December 31, 2020. The first two weeks of this leave is unpaid; however you may use the Emergency Leave with Pay, your sick leave, your compensatory time or your vacation time to receive pay for those first 2 weeks. Please refer to the UW COVID-19 website for more information

Name:		Email:	
Phone:			
Job Title:		Hire Date:	
Department:		Supervisor Name:	

I certify that I am unable to work or telework because I am the only person available to care for my child/ren (age 18 or younger or 18 and older who have a physical or mental disability) 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 who meets the above criteria, please attach a statement describing the extenuating circumstances that exist requiring you to provide care for your child/ren, in addition to filling out the rest of this form.

Child's name: _____ Age: _____ Child's name: _____ Age: _____
 Child's name: _____ Age: _____ Child's name: _____ Age: _____
 Place of care that is unavailable: _____ Phone #: _____

Do you have approval 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: _____

Requested Leave Start Date: _____ Estimated Return Date: _____

Type of Leave Requested:

- Consecutive Leave
- Intermittent [If taking intermittent, indicate specific dates (full work days), ex. 4/13]

The two weeks of leave are unpaid. I authorize supplementation for my compensation during this time by applying:

Emergency Paid Sick Leave Unpaid Sick Vacation

Have you taken any FMLA leave during the past twelve months? Yes No

If yes, Human Resources will work with you to determine what, if any, amount of FMLA time you are eligible for.

If the University approves your 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 is continuous.

Employee Acknowledgement

By submitting this request, you acknowledge that the information submitted is true, accurate and will be subject to verification.

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.

Employee Signature and Date

Manager Signature Date

Turn in this form to Kira Poulson in Human Resources. Forms can be emailed, faxed, or sent via interoffice mail.

Kira Poulson, Benefits and Compliance Specialist
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