

Emergency FMLA Request Form

Name: _____

Beginning and end dates: _____

Have you been employed at Truman for at least 30 calendar days? Yes or No _____

Are you able to work remotely? Yes or No _____

Please explain: _____

Please submit supporting documentation and provide the following information:

1. The name and age of the child (or children) to be cared for: _____

 2. The name of the school that has closed or place of care that is unavailable: _____

 3. Will any other person be providing care for the child during this period? Yes or No _____
If yes, please explain: _____

 4. If child is older than 14, please explain the circumstances that require you to provide care during daylight hours:

 5. Will you be using this leave intermittently? Yes or No _____
If yes, please outline the schedule: _____

- Has your supervisor approved this schedule? Yes or No _____
6. Will you use accrued leave for the first two weeks of this request? Yes or No _____
If yes, please specify: _____
 7. Will you use existing accrued leave to "top off" the two-thirds rate of pay received with Emergency FMLA? Yes or No _____
If yes, please specify: _____

 8. Have you used FMLA leave in the past 12 months or do you intend to use FMLA for circumstances other than emergency child care in the next 12 months? Yes or No _____
If yes, please note that only a total of 12 weeks of FMLA is granted in a 12-month period, beginning on the first day you use FMLA.

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____