

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: _____

Why are you requesting Emergency FMLA Leave? (Circle number below)

1. Subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. Seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19, after being exposed to COVID-19 or because employer has requested you obtain such a test or diagnosis.
5. Obtaining immunization related to COVID-19.
6. Recovering from any injury, disability, illness or condition related to an immunization for COVID-19.
7. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
8. Caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
9. Experiencing any other substantially similar condition. Please explain: _____

Please submit supporting documentation and provide the following information (if applicable):

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 or Emergency FMLA in the past 12 months or do you intend to use FMLA for circumstances other than COVID-related leave 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 attest that the above information is accurate to the best of my knowledge.

Signature: _____ Date: _____