

Emergency FMLA Form

Employee Name: _____ Employee ID: _____

Address: _____ Date of Hire: ____/____/____

Phone # - _____

Email Address: _____

Remaining PTO balance: _____ Hours as of ____/____/____

Elect to use available PTO _____ *Employee Initial*

Unpaid _____ *Employee Initial*

Emergency Paid Sick Leave _____ *Employee Initial*

*At 2/3 Regular Rate of Pay
80 hours Maximum for F.T. Employee
Average hours calculated for P.T. Employee*

Reason for Absence (Check all that Apply)

- Care for a child if child's school or place of care has been closed or the childcare provider is unavailable due to COVID-19 precautions.
- Up to 10 weeks paid at 2/3 Regular Rate of pay (400 hours total for F.T., average calculated based on prior 2 weeks for P.T.)
- Provide documentation if available.

Employee Signature

____/____/____
Date

Company Name Administrator Signature

____/____/____
Date

I acknowledge by signing this form that all statements are true and will be subject to discipline up to and including discharge if information is found to be false. Please attach any forms to verify the reason you have requested to take leave.

Please contact your H.R. Department at 231-xxx-xxxx and/or email to update us of any changes.