



**Emergency Family and Medical Leave Expansion Act  
(EFMLEA) Request Form**

*Effective April 1 through December 31, 2020*

I, \_\_\_\_\_, request leave under the Emergency Family and Medical Leave Expansion Act (EFMLEA) related to COVID-19 because I am unable to work or telework due to a need to care for a child under 18 years of age due to closures of schools or care providers related to the COVID-19 health emergency. I have been employed with Green County for at least 30 days.

Name of child(ren) \_\_\_\_\_

Name of school/place of care/or child care provider that is closed \_\_\_\_\_

Is there another suitable person available to care for the above named child(ren) during the period of requested leave: No \_\_\_ Yes \_\_\_ Name \_\_\_\_\_

I will be absent from work from \_\_\_\_\_ until \_\_\_\_\_

and/or intermittently on the following dates \_\_\_\_\_

I understand that my time away from work will be charged against my leave entitlement under the Wisconsin and Federal FMLA.

During the first two weeks (select all that apply):

- I will be unpaid
- I will use vacation days
- I will use sick days
- I will use personal days
- I will use the Emergency Paid Sick Leave (EPSL) – This benefit expires December 31, 2020
  - o *Note: EPSL will be paid at 2/3 of the regular pay rate to a maximum of \$200/day or \$2,000 in aggregate.*

For the remaining ten weeks, 2/3 of usual wages will be paid not to exceed \$200/day or \$10,000 in aggregate.

- I will supplement the remaining 1/3 wages using accrued leave in the following rank order (1-3):  
\_\_\_ vacation days      \_\_\_ sick days      \_\_\_ personal days
- I do not wish to supplement my EFMLEA time.

I understand and agree that if I elect to continue insurance coverages that I will pay such amounts while I am on leave consistent with my present payment schedule. If I fail to return to work at the expiration of my leave, the County may recover its share of premiums paid to maintain my coverage.

I understand that the use of any accrued leave for my EFMLEA will not extend or result in additional FMLA being available to me. EMFLEA will run concurrently with any paid leave used.

If I have any questions about the requirements of the County's Emergency Family and Medical Leave Policy, I may contact the Human Resources Department.

---

Employee's Signature

---

Date

---

Reviewed by Department Head

---

Date

---

Approved by Human Resources

---

Date

**NOTE: HEALTH CARE WORKERS AND EMERGENCY RESPONDERS ARE EXCLUDED FROM ELIGIBILITY**

Updated: 4/28/2020