



Charles County Department of Human Resources

Emergency Family and Medical Leave Election Form COVID-19 Related Leave

Instructions for EFMLA Form:

The employee will complete the form and submit it to their supervisor for approval.

The supervisor will review the form, sign off and submit to their personnel coordinator.

The personnel coordinator should keep a copy for their own records and then forward to HR.

HR will determine eligibility, sign off and forward a copy of the completed form to the personnel coordinator, supervisor and employee.

Name: _____ Date: _____
(Please print)

Job Title: _____ Phone Number: _____

Email: _____

Beginning April 1, 2020 and ending December 31, 2020, employees may be eligible for Emergency Family Medical Leave (EFMLA) related to the COVID-19 public health emergency.

In general, to be eligible for EFMLA an employee must have worked for an employer for at least 30 calendar days prior to taking leave. Employees are entitled to a total of 12 weeks of combined EFMLA and FMLA during a 12-month period as set forth in County policy.

To be completed by Employee

I need EFMLA beginning _____ to _____ because I am **unable to work or telework** because I need to care for my minor child (or child over 18 if the child has a mental/physical disability and is incapable of self-care because of that disability) because my child's school or place of child care has been closed or is unavailable due to a public health emergency.

You are required to provide documentation supporting your need for leave. Identify below the documents you have submitted with this form to substantiate your need for leave and explain why you are unable to work or telework. You must provide: (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; and (3) a statement that no other person will be providing care for the child during the period for which you are using EFMLA. If your child (or children) are over 14 years old, you must also provide a statement explaining the special circumstances requiring you to provide care for the child (or children) during daylight hours. **If another individual will be providing care for the child (or children) you are not eligible for EFMLA.**

I request EFMLA leave on a continuous / intermittent basis (circle one). If intermittent, detail the days/hours for which you are requesting leave:

The first 2 weeks of EFMLA is unpaid unless you elect to use Emergency Paid Sick Leave (EPSL) or other available accrued leave. Identify below whether you elect to use EPSL and/or other available leave during the first 2 weeks of EFMLA. If eligible you may use EPSL, existing accrued leave, excluding sick leave, or a combination of the two so that you receive 100% of your weekly pay while on EFMLA leave.

_____ I elect to use: _____ EPSL _____ Other leave: _____ (both EPSL and accrued leave)
(identify)

_____ I elect not to use any paid leave during the first 10 days of EFMLA.

The final 10 weeks of EFMLA is paid by the County up to a maximum of \$200.00 per day. You may use EPSL (if eligible and leave is available) and/or available accrued leave to supplement the paid EFMLA up to 100% of your salary. You may not use sick leave to supplement paid EFMLA.

_____ I elect to supplement paid EFMLA with accrued (please mark "1" next to the leave type that you would like to use first and mark "2" next to the leave type that you would like to use second to supplement the paid EFMLA once your first option is exhausted):

_____ annual, _____ administrative and/or _____ compensatory leave during my EFMLA absence.

_____ I elect not to supplement EFMLA with accrued leave.

Employee's Signature

Date

To be completed by Supervisor

_____ You are approved for the following intermittent leave schedule, if applicable:

Supervisor's Signature

Date

To be completed by Human Resources

_____ You are eligible for EFMLA.

_____ You are not eligible for EFMLA, because:

_____ You have not met the EFMLA's 30-day service requirement.

_____ You are not eligible for EFMLA, because you are able to work or telework even though your child's school or place of child care has been closed or is unavailable due to a COVID-19-related public health emergency.

_____ Your child(ren) are over 14 years old and you have not provided a sufficient explanation showing special circumstances that make you unable to work or telework during daylight hours.

_____ You have not provided sufficient documentation to support your leave request.

_____ Other reason (i.e., employee is a health care provider or emergency responder; or employee has exhausted FMLA)

Human Resource Representative's Signature

Date