Western Oregon UNIVERSITY
Human Resources
Lieuallen Administration 206 | 503-838-8490 | hr@wou.edu | wou.edu/hr

EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION REQUEST FORM (EFMLEA)

PART I – EMPLOYEE INFORMATION (Fill in info and check the option that applies)

Name: _____ V#: _____

Department: _____

Employee Email: _____ Supervisor Email: _____

PART II – REASON FOR LEAVE (please indicate reason for leave and provide reason requested information)

☐ (1) Employee is unable to work or telework because the employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Please provide the name of the government entity that issued the quarantine or isolation order: _____
(80-hours 100% employer-paid, additional 10-weeks use accrued leave)

☐ (2) Employee is unable to work or telework because the employee has been advised by a health care provider to self-quarantine related to COVID-19. Please provide the name of the health care provider who advised you to self-quarantine due to concerns related to COVID-19: _____
(80-hours 100% employer-paid, additional 10-weeks use accrued leave)

☐ (3) Employee is unable to work or telework because the employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. [Leave is limited to the period of time that you are unable to work or telework because you are taking affirmative steps to obtain a medical diagnosis (e.g., time spend making, waiting for, or attending an appointment related to COVID-19)].
(80-hours 100% employer-paid, additional 10-weeks use accrued leave)

☐ (4) Employee is unable to work or telework because the employee is caring for an individual who is subject to a quarantine or isolation order described in (1) or self-quarantined as described in (2).
Please provide the name of the governmental entity that issued the quarantine or isolation order or the name of the health care provider who advised the individual being cared for to self-quarantine: _____
(80-hours 2/3 employer-paid, additional 10-weeks use accrued leave) *May use accrued leave for 1/3 pay*

☐ (5) Employee is unable to work or telework because the employee is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. Please provide the following:
Name of child(ren) being cared for:_____
Age of child(ren) being cared for: _____
Name of school, please of care, or childcare provider that has closed or become unavailable:
_____
No other suitable person (such as co-parent, co-guardian, or the usual care provider) is available to care of the child(ren) during the period for which employee is requesting FFCRA leave: ☐ Correct ☐ Incorrect
(80-hours 100% employer-paid, additional 10-weeks 2/3 employer-paid) *May use accrued leave for 1/3 pay*

☐ (6) The employee is experiencing any other condition substantially- similar to the coronavirus, as specified by the U.S. Department of Health and Human Services (HHS).
(80-hours 2/3 employer-paid, additional 10-weeks use accrued leave) *May use accrued leave for 1/3 pay*

PART III – LEAVE REQUEST AND ALLOCATION

I request a leave of absence under the Family First Coronavirus Response Act (FFCRA) which includes the Emergency Family and Medical Leave Expansion Act (EFMLEA) and the Emergency Paid Sick Leave Act (EPSLA):

☐ I am requesting leave on concurrent workdays beginning on _____ and ending on _____.

☐ I am requesting leave on a negotiated schedule beginning on_____. (Please attach modified schedule).

PART IV – SIGNATURES

I hereby certify that I am unable to work or telework because of the qualified reason stated above. I certify that this statement is true and accurate and understand WOU is relying on my representations and that false representations may result in disciplinary action.

_____ _____

Employee Signature Date

Supervisor Signature confirms receipt of request, and approval of intermittent schedule if applicable.

_____ _____

Supervisor Signature Date

Submission of this form should be sent to: fmla@wou.edu
Approval of Request will be sent via an **EFMLEA/EPSLA** approval notice.