

EMERGENCY PAID FAMILY LEAVE (EPFL) REQUEST FORM

NAME OF EMPLOYER: _____

Employee Name	Employee ID Number	Date
Title	Supervisor	Department
Leave Start Date	Leave End Date	Total Hours EPFL Requested
Reason for Leave		
I am unable to work (or telework) for the following reason:		
<input type="checkbox"/> I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19.		
<input type="checkbox"/> I am caring for an individual who has been advised by a health care provider to self-quarantine because of concerns related to COVID-19.		
<input type="checkbox"/> I am caring for a child whose school or place of care has been closed or whose childcare provider is unavailable due to COVID-19 precautions.		
Further Information <i>(required if requesting leave to care for a child whose school or place of care has been closed or whose childcare provider is unavailable)</i>		
Name of child or children: _____		
Name of school, place of care, and/or child care provider that has closed or become unavailable: _____		
<input type="checkbox"/> Provide a statement that no other suitable person is available to care for your child or children.		

I understand that I may be required to provide documentation to support my request for EPFL.

Signature: _____

Name (print): _____ Date: _____

EMPLOYER TO COMPLETE

Group Health Insurance?	If YES, MONTHLY premium amount paid by COMPANY	Open Enrollment Date
<input type="checkbox"/> Y <input type="checkbox"/> N		