



Updated: 4/7/2020

MIAMI COUNTY REQUEST FOR EMERGENCY FAMILY AND MEDICAL LEAVE

The Families First Coronavirus Response Act provides up to 12 workweeks of emergency family and medical leave (EFML) for an eligible employee who is unable to work or telework due to a need for leave to care for the employee's son or daughter under 18 years of age if the school or place of care has been closed, or the childcare provider of such son or daughter is unavailable, due to the COVID-19 pandemic. An employee is eligible to take EFML if that employee has been employed by Miami County for at least 30 calendar days prior to requesting such leave.

EFML will be administered on a case-by-case basis in compliance with local, state, and federal law. The first 10 days of EFML will be unpaid. An employee may substitute other paid leave, including emergency paid sick leave, during the first 10 days, if desired. For the remaining days of EFML, an employee will be paid at 2/3 the regular rate of pay for the hours the employee would otherwise be normally scheduled to work, up to \$200 per day and \$10,000 in the aggregate.

To request emergency EFML leave, complete this form and submit it to Holly Ray, Human Resources Director, hlay@miamicountyks.org. In case a back-up contact is needed, Linda Taylor, HR Partner, ltaylor@miamicountysk.org. For more information, please contact Human Resources at 913-294-9530 or visit <https://www.dol.gov/agencies/whd>

I am requesting emergency EFML leave for _____ days _____ weeks

Start date: _____ Approximate end date: _____

Check all boxes below that apply:

- I am unable to work or telework during this time because I need to care for my son/daughter who is under 18 years of age, or for my son/daughter who is 18 years of age or older and is incapable of self-care because of a mental or physical disability.
- I am unable to work or telework during this time because I need to care for my son/daughter who is older than 14 years of age, and special circumstances exist requiring me to provide such care during daylight hours. **Note:** Please provide a statement explaining your special circumstances at the end of this form.
- The school or place of childcare for my son/daughter has been closed, or my son/daughter's childcare provider is unavailable, due to the COVID-19 pandemic.
- I represent that no other suitable person will provide care for my son/daughter during the dates of my requested leave.
- I am interested in using this leave on an intermittent basis, meaning I would use a mixture of leave and continued working during this time period. **Note:** This option may not be available. Your indication of interest will allow for us to have a discussion to see if a mutually agreeable schedule of intermittent usage can be utilized.

Provide the information listed below.

Name and age of each son/daughter in need of my care:

Name of each son/daughter's school, place of care, or provider that has closed or become unavailable:

Special circumstances, if applicable:

Employee Name (Print)

Employee Signature

Date

Human Resources Approval

Date