

IMCB-MWR-

Date: _____

MEMORANDUM FOR (Supervisor's Name)

SUBJECT: Request for Approval of Families First Coronavirus Response Act, Extended Family Medical Leave Act (EFMLA)

1. I am requesting _____ weeks of additional paid extended family and medical leave at two-thirds my regular rate of pay to care for my child/children whose school or child care provider is closed or unavailable for reasons related to COVID-19.

2. Please indicate eligibility requirements (check all that apply):

_____ I am a flexible NAF employee with an intermittent schedule.

_____ I am on a temporary appointment with a time limitation of 1 year or less.

_____ I have been employed for at least 30 days prior to this leave request.

_____ I am eligible for up to an additional 10 weeks of partially paid EFMLA.

3. **I understand that (indicate below with employees initials):**

_____ a. My pay will be based on my regular pay rate and I will be entitled to 2/3 of that rate

_____ b. My pay will be at my regular rate, up to \$200 daily and \$12,000 total.

_____ c. Until the payroll system is updated to accept the new codes for EFMLA I will be paid at my full rate. Once the payroll system is updated with the new codes for EFMLA, corrected timecards will be submitted to the payroll office which will result in DFAS/NFS executing a collection action on the owed debt.

_____ d. The first two weeks of expanded FMLA leave is unpaid leave, however, I have the right to substitute emergency paid sick leave (at 2/3 of my pay rate) or accrued paid leave for that initial paid leave.

4. Supporting Documentation:

_____ Employee's name: _____

_____ Date(s) for which leave is requested: _____

_____ The name of the son(s) or daughter(s) being cared for:

_____ The name of the school, place of care, or child care provider that has closed or
Become unavailable _____

_____ A written statement from the employee that no other suitable person will be
caring for the child/children during the period for which the employee takes
expanded FMLA.

5. I have been fully counseled and understand all of the above.

Employee Signature & Date

Stacye Downing,
Director, FMWR

Address:

Cell Phone Number:

Valid email address:
