



Benefit Services

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Emergency Paid Leave Request
 Families First Coronavirus Response Act (FFCRA)
 Emergency Paid Sick Leave
 Emergency FMLA Expansion Paid Leave

The Families First Coronavirus Response Act (FFCRA) provides employees with Emergency Paid Sick Leave (EPSL) and/or Emergency Family & Medical Leave (EFMLA) for those affected by the COVID-19 pandemic, from **April 1, 2020 through December 31, 2020**. Refer to [FFCRA guidelines](#). Employees unable to work and unable to telework (see [Telework guidelines](#)) requesting paid leave pursuant to the FFCRA must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to [Benefit Services](#) for processing.

Employee Name (Last)	(First)	(MI)	Aggie ID #	Phone
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Department:	Supervisor Name:	Average Hours/Week:
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I request leave beginning on (date on or after 4/1/2020):	My expected return date is: (Not to exceed 12/31/2020)
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- Check here if you will take a continuous block of leave.
- Check here if you supervisor has preapproved an intermittent or reduced schedule.
 Describe the leave schedule approved by your supervisor:

Emergency Paid Sick Leave

Eligible employees receive up to 2 weeks of paid sick leave.

- Reasons 1, 2, and 3 are paid at the employee’s regular rate of pay, (max \$511/day).
- Reasons 4, 5, and 6 are paid at 2/3 the employee’s regular rate of pay (max \$200/day).

Check here to submit a request for Emergency Paid Sick Leave

I am unable to work (or telework) for the following reasons (check all applicable):

<input type="checkbox"/>	1.	I am subject to state, federal or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine: _____												
<input type="checkbox"/>	2.	I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19. Name of health care professional advising self-quarantine: _____												
<input type="checkbox"/>	3.	I have symptoms related to COVID-19 and I am seeking a medical diagnosis.												
<input type="checkbox"/>	4.	I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19. Name of individual: _____ Relationship: _____ Governmental entity ordering quarantine or health care professional advising self-quarantine: _____												
<input type="checkbox"/>	5.	I need to care for my child under age 18 because my child’s school, child care or child care provider is closed or unavailable because of COVID-19. I certify each child listed is my daughter or son. I certify no other person will be providing care for the child during the period for which I am receiving paid leave.												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Name of my daughter or son</td> <td style="width:17%;">Age of child:</td> <td style="width:50%;">Name of School/Place of Care that is closed:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Name of my daughter or son	Age of child:	Name of School/Place of Care that is closed:									
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<input type="checkbox"/>	6.	I am experiencing a substantially similar condition to COVID-19 as specified by Health and Human Services.												

Emergency FMLA Leave

All leave taken under EFMLA will be counted toward the 12 week FMLA entitlement.

- The 1st 10 days of EFMLA are unpaid; employees with available paid leave must substitute paid leave for the unpaid period. Complete Substitution of Paid Leave section below.
- After the 1st 10 days, employees will be paid at 2/3 the employee's regular rate of pay (max \$200/day).

Check here to submit a request for Emergency FMLA Leave

I am unable to work (or telework) because I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave.

Name of my daughter or son	Age of child:	Name of School/Place of Care that is closed:

Substitution of Paid Leave The first 10 days of EFMLA leave is unpaid. You are required to use available accrued paid leave to cover this period. Indicate how many available paid leave hours you would like to use during the first 10 days of your EFMLA leave.

- Emergency Paid Sick Leave _____ hours (see above)
- Annual Leave _____ hours
- Sick Leave _____ hours
- Faculty Care Leave _____ hours
- I do not have paid leave available for the first 10 days of EFMLA.

Employee Certification & Signature

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resource Services regarding my absence from work beyond such scheduled date of return, NMSU may take corrective action. I understand NMSU may request documentation at any time and failure to provide such documentation or falsification of any information on this form may result in disciplinary action.

Employee Signature: _____ **Date:** _____