UNIVERSITY OF MICHIGAN

COVID-19 Expanded Family and Medical Leave Act (E-FMLA) Request Form
Effective April 1, 2020 to December 31, 2020

Employee First Name

Employee Last Name

Employee Empl ID

Department Name

Supervisor Name

Supervisor Email

I am caring for my child(ren), under the age of 18, or 18 years or older who has a mental or physical disability and is incapable of self-care where the school or place of care has been closed or on days when only virtual instruction is offered, or the child care provider of my child(ren) is unavailable for reasons related to COVID-19, and there is no other suitable person available to provide care (e.g., another parent, guardian or usual child care provider).

I am unable to work (or unable to work remotely) while caring for my child(ren) and am requesting the following dates of leave:

Start Date

Anticipated End Date

The first two weeks of an absence under E-FMLA is unpaid. Paid time off may be used to cover the unpaid period. Paid time off will be used in the following order unless you indicate in the dialogue box below a different order, or that you want the first two weeks to remain unpaid: EPSLA, COVID-19 PTO, short-term sick (when applicable), vacation or PTO.

Additional information (e.g. requesting full or partial day absences, variations in dates of absence, variation in paid time off usage)

I understand that while I may request up to 12 weeks of time off, the amount of time off I am granted under E-FMLA will be determined after a review of my FMLA benefit year(s) and any other FMLA qualifying absences already counted against my leave entitlement for the current benefit year.

I understand the amount of time off I am granted under E-FMLA will count against my 12 weeks of FMLA eligibility in the benefit year(s) applicable to the requested dates of absence. The length of the absence will be determined by the ability to return to work in conjunction with applicable University of Michigan policy and practice.

Employee Signature

Employee Email

Date

Send this completed form to your department administrator or your supervisor