

Return to:  
Cumberland County Human Resources  
Attn: John Holmes  
117 Dick Street  
Fayetteville, NC 28301  
Fax: 910-678-7659

If you have any questions or need  
any assistance please call  
910-678-7656

Thank you.

# Emergency Family Medical Leave Expansion Request Form



Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Department \_\_\_\_\_

For the reasons stated below, I am unable to work or to do remote work. In accordance with the Emergency Family and Medical Leave Expansion Act created under federal law effective April 1, 2020 related to COVID-19 (Coronavirus), I request Emergency FMLA because I am caring for my minor child due to a school or childcare provider closure or unavailability.

Name and age of the child or children: \_\_\_\_\_

Name of the school or childcare provider that has closed or is unavailable: \_\_\_\_\_

I understand that the first two weeks of Emergency FMLA are unpaid and it is intended, but not mandated, that Emergency Paid Sick Leave be used for this waiting period. I may use my own available leave or choose to be in a Leave Without Pay Status.

**Please choose one:**

- I elect to use Emergency Paid Sick Leave for the two-week waiting period and form is attached.
- I elect to use my own available leave for the two-week waiting period.
- I elect to be in LWOP for the two-week waiting period.

**Please choose one:**

- I will be out of work on an ongoing basis beginning on \_\_\_\_\_ and am requesting to use EFMLA leave starting on this day with an estimated end date of \_\_\_\_\_.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

- I will have an intermittent need for childcare and am requesting to report to the worksite based on a staggered work schedule. My staggered work schedule and use of EFMLA leave begins on \_\_\_\_\_ with an estimated end date of \_\_\_\_\_. My staggered work schedule has been discussed with and agreed upon by my department head.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date \_\_\_\_\_

- I will have an intermittent need for childcare and am requesting a remote work schedule. My intermittent remote work schedule and use of EFMLA leave begins on \_\_\_\_\_ with an estimated end date of \_\_\_\_\_. My remote work schedule has been discussed with and agreed upon by my department head.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## EMPLOYER DETERMINATION

- Eligible for Emergency Family Medical Leave effective: \_\_\_\_\_ and is entitled to be paid through \_\_\_\_\_. (Approved Emergency Paid Sick Leave Request is attached)

- NOT eligible for Emergency Family Medical Leave. Reason: \_\_\_\_\_  
\_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For HR Use: FMLA Year Effective Date: \_\_\_\_\_

FMLA Balance: \_\_\_\_\_