



**EMERGENCY FAMILY AND  
MEDICAL LEAVE  
(E-FMLA) LEAVE REQUEST FORM**

Select one:  
 NEW Leave of Absence  
 REVISION of prior request  
 EXTENSION of Leave

**Section I – To be completed by Employee and forwarded to supervisor/Dean**

Employee ID#: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
*Last Name, First Name*  
Department: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
*Street Address/PO Box City State Zip*  
Home Email: \_\_\_\_\_ Campus Email: \_\_\_\_\_  
Campus Phone #: \_\_\_\_\_ Home /Cell Phone #: \_\_\_\_\_

**REASON FOR LEAVE**

I am unable to work/telework due to a need to care for my son or daughter (under 18 years of age) because a COVID-19 related public health emergency has closed the child’s school or daycare or rendered the child’s usual childcare provider unavailable. No other person will be providing care for my child during the period for which I am receiving emergency family medical leave. *(Only one name is required if caring for more than one child.)*

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School/facility name: \_\_\_\_\_

**TYPE OF TIME OFF REQUESTED (select one per form)**

FULL (CONTINUOUS) LEAVE     REDUCED SCHEDULE LEAVE (attach a proposed work schedule)

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

I anticipate returning to my normal work schedule and duties on (date) \_\_\_\_\_ (time) \_\_\_\_\_

While not working, I currently plan to use (check all that apply – accrued leave can supplement Emergency Leaves):

- Emergency Paid Sick Leave     Emergency Family Medical Leave (2/3 pay)
- Accrued Sick Leave     Accrued Annual Leave     Leave Without Pay (LWO)

***I am unable to perform my job duties at the work location or remotely. I understand and accept a leave of absence as stated on this page. I further acknowledge that I have read the “Information for Employee on Completion of E-FMLA Leave Request Form” page accompanying this form and I understand all of my leave responsibilities and the information provided therein.***

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

**Section II – To be completed by Department (Supervisor/Dean) then forwarded to Arnie Oudenhoven, arnie.oudenhoven@rrcc.edu**

HR Liaison: \_\_\_\_\_ Email: `firstname.lastname@rrcc.edu`

Dean/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Information for Employee on Completion of E-FMLA Leave Request Form

1. Do not use this form unless related to COVID-19 and Emergency Family and Medical Leave Expansion Act (E-FMLA). For other medical leave requests, use the Family Medical Leave Request Form.
2. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
3. You must complete all fields check all appropriate boxes in Section I.
  - a. Above Section I, select the appropriate request type. If you are not already approved for a leave of absence for this reason, select NEW leave of absence. If you have already submitted a request for this reason but the dates or other information has changed since the original request was submitted, select REVISION. To request an extension of a current and previously approved leave of absence, select EXTENSION.
  - b. Please enter the requested personal information in each field.
  - c. In the REASON section, provide the information requested. The E-FMLA provides this additional reason to qualify for FMLA but does not provide a separate FMLA bank. The maximum total FMLA entitlement per rolling Year is 12 weeks. If you need to provide care for a child older than fourteen (14) during daylight hours, a statement that special circumstances exist requiring you to provide care may be requested.
  - d. Select the type of leave: full (or continuous) or reduced work schedule. During a full leave, an employee does not work for a continuous period. A reduced work schedule leave is when an employee is requesting a change in their normal scheduled workdays to less than full-time. When requesting a reduced work schedule, the employee must also attach a proposed work schedule. To work from home, you must submit a completed Temporary Telecommuting Agreement found RRCC Coronavirus Website: [www.rrcc.edu/cdphe-coronavirus](http://www.rrcc.edu/cdphe-coronavirus).
  - e. Enter your requested leave beginning and ending dates and the date and time you plan to return to a normal work schedule (generally the day after the leave ends). The Families First Coronavirus Response Act (FFCRA) is effective 04/01/20 and ends 12/31/20.
  - f. Check the appropriate box(es) if you want to use Emergency Paid Sick Leave, Emergency Family Medical Leave, an accrued leave, and/or take leave unpaid. RRCC provides up to 80 hours of paid sick leave under the FFCRA. For this request, it also provides up to an additional 10 weeks leave at two-thirds ( $\frac{2}{3}$ ) pay when designated FMLA up to a maximum \$200 daily and \$10,000 total benefit. Accrued leaves can be used to supplement the FFCRA benefit. You will need to submit a request in the Leave Request /Report in the Time and Leave section of the Employee Tab in the Portal for each pay period to notify the College how you wish to be paid (or not paid) for time off during the course of your leave.
4. Once Section I is completed, submit the form to your department supervisor for the completion of Section II. ATP and Classified employees submit to your immediate supervisor and Faculty submit to their Dean. Once Section II is completed, the department (Supervisor/Dean) forwards to HR. [arnie.oudenhoven@rrcc.edu](mailto:arnie.oudenhoven@rrcc.edu).
5. You will receive notification of approval or denial of the requested leave of absence via email. Questions regarding this form should be directed to the Benefits Coordinator 303 914-6570, or you may email questions to [Arnie.oudenhoven@rrcc.edu](mailto:Arnie.oudenhoven@rrcc.edu).
6. Once your leave is approved, you may be expected to provide an Intent to Return to Work email to your supervisor by the date stated in your approval letter. Should you require a leave extension, you must provide an "Extension" COVID-19 Leave Request Form (CLR). If you are unable to return to work at all, you may also submit your written resignation.
7. You are responsible for payment of your benefits premiums. If, for any reason, the premiums are not deducted from your paycheck it is your responsibility to immediately contact the HR Benefits Coordinator at [michele.mccall@rrcc.edu](mailto:michele.mccall@rrcc.edu), 303 914-6297 and make arrangements to pay for your premiums. Otherwise, your benefits will be suspended and unusable until all back payment is received and processed.

## **Information for Departments on Completion of E-FMLA Leave Request Form**

1. Your employee will complete Section I and submit to the department/supervisor for the completion of Section II.
2. This request for leave must have Departmental Acknowledgment Signature by the Dean for Faculty or by the Supervisor for ATP and Classified.
3. All E-FMLA Leave Request Forms must be completed and forwarded by the department to HR Benefits Coordinator or the Supervisor's HR Liaison within 48 hours of receipt to ensure compliance with federally mandated deadlines.
4. The final approval or denial authority for leaves of absence has been delegated to the Executive Director of Human Resources (or their designated representative).
5. Your employee must submit time in the Leave Request /Report in the Time and Leave section of the Employee Tab in the Portal to notify the College how they wish to be paid (or not paid) for time off (see also 3f above). FMLA tracking will be included if the leave is designated as FMLA protected.
6. An employee on leave to care for a child should submit an email of their Intent to Return to you (the supervisor). Supervisors may contact the employee if an anticipated return to work notice is not received.
7. Questions regarding this form should be directed to HR or you may email questions to Michele.McCall@rrcc.edu