

Families First Coronavirus Response Act (FFCRA) Emergency Family and Medical Leave Request Form

Pursuant to the Families First Coronavirus Response Act (FFCRA) and the Family and Medical Leave Act (FMLA), Mississippi State University will provide leave options to eligible employees who are unable to work due to COVID-19 related issues. Please complete this form to request Emergency Family and Medical Leave under FFCRA and FMLA.

Please email the form to leave@hrm.msstate.edu in Human Resources Management.

Name of Employee: _____ MSU ID Number: _____

Department: _____

Department Phone Number: _____ Mailstop: _____

Reason for Emergency Family and Medical Leave request:

- I am requesting continuous leave because I am unable to work (or telework) due to a need to care for a son or daughter¹ whose school or place of care is closed, or childcare provider is unavailable, for reasons related to COVID-19.
- I am requesting intermittent leave because I am unable to work (or telework) due to a need to care for a son or daughter¹ whose school or place of care is closed, or childcare provider is unavailable, for reasons related to COVID-19. **(You must provide an estimate of anticipated intermittent leave below.)**

_____ hours per day _____ days per week

Start date of requested leave: _____ End date of requested leave: _____

Name(s) and age(s) of child(ren) to be cared for:

Name, address, and phone number of school that has closed or place of care that is unavailable:

¹"Son or daughter" is your own child (under 18 years of age), which includes your biological, adopted, or foster child, your stepchild, a legal ward, a child for whom you are standing in loco parentis, or an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

Employee Certification:

- I certify that I am unable to work (or telework) for the reason above.
- I certify that no other suitable person will be providing care for the child(ren) during the period for which I am receiving the Emergency Family and Medical Leave.
- I understand that approval of this request is contingent upon the availability of adequate leave balances.
- I understand that any Emergency Family and Medical Leave approved under FFCRA will be discontinued on the earliest of: the date my available time under emergency paid time-off exhausts, I no longer have a qualifying reason, or December 31, 2020.

Falsification of this form or of any supporting documentation is grounds for disciplinary action, up to and including termination.

Please initial here to confirm your understanding: _____

Employee signature:

Date signed: