



the Alliance group

a professional employer organization

E-FMLA Request Form

To request leave on the basis of the Emergency Family and Medical Leave of Act (E-FMLA), please complete the following request form and submit to Human Resources as soon as possible.

Employee Name: _____ Hire Date: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this E-FMLA leave request is (select the most appropriate box):

To care for my son or daughter under 18 years of age because the school or place of care has been closed due to a public health emergency, and I am unable to work or telework.

To care for my son or daughter under 18 years of age because the childcare provider of my son or daughter is unavailable due to a public health emergency, and I am unable to work or telework.

Please complete the information below and attach relevant documentation of school closing and/or lack of childcare.

Name and Age(s) of Child(ren): _____

Documentation Attached: ___ Yes ___ No

Affidavit to Verify Need for E-FMLA

I attest that my child(ren)'s school or care provider is closed or unavailable due to public emergency. Further, I attest that the child(ren) listed above are in my care and I will be using leave time to act as a care provider for them. I understand that submitting or falsifying information will lead to corrective action, up to and including termination of my employment.

Employee Signature: _____

Date: _____