



Select one:

NEW Leave of Absence

REVISION of prior request

EXTENSION of Leave

**EXTENDED FAMILY and MEDICAL LEAVE  
(E-FMLA) LEAVE REQUEST FORM**

*Please Print, Type or Write Legibly*

**Section I – To be completed by Employee and forwarded to department's HR Liaison**

Employee ID#: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
Last Name First Name Middle  
Department: \_\_\_\_\_ Division: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
Street Address/PO Box City State Zip  
Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**REASON FOR LEAVE**

I am unable to work/telework due to a need to care for my child or children (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 or children during the period for which I am receiving extended family medical leave.

Child or Children's Name(s): \_\_\_\_\_ Date of Birth(s): \_\_\_\_\_

School/facility name: \_\_\_\_\_

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

FULL (CONTINUOUS) LEAVE

REDUCED SCHEDULE LEAVE (a proposed work schedule must be attached)

Requested Start Date (includes waiting period): \_\_\_\_\_ Requested End Date: \_\_\_\_\_

*(Is the requested Start Date prior to the date of your application? If yes, the start date will be limited to the start of the waiting period (not earlier than the prior 10 shifts of EPL or accrued leave used for childcare for a full time employee). You must provide documentation demonstrating that the prior leave was used for childcare unavailable due to the pandemic.)*

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

**EMPLOYEE PAY DURING LEAVE**

- Any available EPL will be applied to the waiting period. EPL must be exhausted first before other accrued leave is used.
- If EPL is exhausted you will be required to use accrued leave (vacation, comp or up to 48 hours of sick) during the waiting period.
- After the waiting period, the EFMLA will pay 2/3 of your regular wage up to a maximum of \$200 per day. If you choose, you may supplement EFMLA with accrued leave up to 100% of your regular wage.
- If you choose to supplement EFMLA with accrued leave, use the drop down selections below to order the priority of use with 1 being first to use.

Use Available Accrued Leave (after EPL is exhausted) in following order: **OR**

I do not wish to supplement

Accrued Vacation

Accrued Sick Leave (Up to 48 hours max)

Accrued Comp Time

Other: \_\_\_\_\_

*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 then forwarded to [Rachel.larson@ci.stpaul.mn.us](mailto:Rachel.larson@ci.stpaul.mn.us) within 48 hours of receipt**

HR Liaison Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_ @ci.stpaul.mn.us

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

1. Do not use this form unless related to COVID-19 and Extended 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 and 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 12 months 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.
  - 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). Your beginning leave date should reflect the date which you started using time away from work for childcare purposes to meet the waiting period. The start of paid FFCRA FMLA (2/3 pay) Benefits cannot be backdated. The Families First Coronavirus Response Act (FFCRA) is effective 04/01/2020 and has been extended through 03/31/2021.
  - f. You will need to notify your department how you wish to be paid (or not paid) for time off during the course of your leave. Check the appropriate box indicating whether you will supplement leave with other accrued leave. The City of Saint Paul provides up to 80 hours of paid leave under EPL which must be exhausted before other supplemental leave can be used. For this request, up to 10 weeks of FMLA leave that has been designated as E-FMLA qualifying for childcare purposes may be paid at two-thirds (2/3) pay up to a maximum \$200 daily and \$10,000 total benefit. If you elect to supplement, state the order in which to use your accrued leave. Negative ESST or negative sick leave cannot be used to supplement the E-FMLA.
4. **Once Section I is completed, submit the form to your department HR Liaison for the completion of Section II.** Once Section II is completed, the department forwards to the Benefits and Payroll sections in the Office of Human Resources. After the form has been approved, no changes to the information submitted will be accepted.
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 Benefits at 651-266-6492, or you may email questions to [rachel.larson@ci.stpaul.mn.us](mailto:rachel.larson@ci.stpaul.mn.us).
6. Once your leave is approved, you may be expected to provide return to work documentation by the date stated in your approval letter. If you are unable to return to work, 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 HR Benefits at 651-266-8890 and make arrangements to pay for any premiums.

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

1. Your employee will complete Section I and submit to the department for the completion of Section II.
2. This request for leave must have Departmental Acknowledgment Signature by the HR Liaison.
3. All E-FMLA Leave Request Forms must be completed and forwarded by the department to HR 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 HR Liaison.
5. Your employee must notify your department how they wish to be paid (or not paid) for time off (see also 3f above). FMLA tracking should be included if the leave is designated as FMLA protected.
6. An employee on leave to care for a child should submit documentation saying they intend to return to work.
7. Questions regarding this form should be directed to HR Benefits at 651-266-6492 or you may email questions to [rachel.larson@ci.stpaul.mn.us](mailto:rachel.larson@ci.stpaul.mn.us).