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| **Directions for applying for leave:** |
| * Employee completes the COVID-19 Leave Request Form and gives it to their supervisor for signature. The form then gets sent to Human Resources & Payroll Services.
 |
| * For questions and submission of forms contact Tina Flanagan, Benefits Coordinator (flanagant@canton.edu).
 |
| **Part I: Personal Information** |
| Employee’s Name:       | Telephone #:       |
| Address:       |
| **Part II: Leave Request Data**  |
| [ ]  **EFMLA** [ ]  **FEPSLA ( Paid 80 or 75 hrs only):**  |
| [ ]  Employee subject to Fed, State, Local Quarantine or isolation order (FEPSLA ONLY) |
| [ ]  Employee advised by health care provider to precautionary quarantine (FEPSLA ONLY) |
| [ ]  Employee experiencing symptoms seeking medical diagnosis (FEPSLA ONLY)  |
| [ ]  Employee caring for individual subject to the first 2 above (FEPSLA ONLY)  |
| [ ]  Employee child care provider is closed and employee cannot work (EFMLA and/or FEPSLA) |
| **Date FEPSLA is to begin:**       | **Date you expect to return to work:**  |
| **How many weeks of EFMLA requested?**       | **EFMLA start date?**       |
|  |
| Do you want to use accruals during first 10 days of EFMLA: |  [ ]  Yes  |  [ ]  No  |
| Do you want to use FEPSLA during the first 10 days of EFMA:  |  [ ]  Yes  |  [ ]  No |
|  |  |  |
| **Part III: Employee Entitlement and Responsibilities** |
| **I understand that:*** During my FMLA-eligible period of paid leave, my benefits will continue.
* For unpaid leave only: information on continuing premium payments will be sent to me by the Employee Benefits Division, NYS Department of Civil Service, after the Division is notified of my FMLA leave without pay.
* I am responsible for notifying Human Resources immediately, in writing, of any changes(s) in the leave period.
* I understand that if I am requesting FEPSLA due to unavailable childcare, I will be at 2/3 of my regular pay.
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| Employee Signature:  | Date:       |
| **Part IV: Supervisor Information** |
| Supervisor Signature: | Print Name:  | Date: |
|  |  |       |
| Department Head Signature: | Print Name: | Date: |
|  |  |       |

**COVID- 19 Leave Request Form**