NOTE: Employees who are emergency responders or health care providers are NOT ELIGIBLE for this leave.

**INSTRUCTIONS:** 

- 1. Complete and submit form to FAX: 317.974.2029 or E-MAIL: <a href="mailto:EmployeeRelations@spd.in.gov">EmployeeRelations@spd.in.gov</a> AND submit a copy to your Human Resources (HR) Representative and your Supervisor.
- 2. The automated system will issue a denial to anyone who does not meet the usual Family Medical Leave (FML) eligibility requirements. If you receive that notice, and believe you meet requirements for EFML, call 1.855.773.4647, Option 4, to have request re-opened.
- 3. If requesting use of Emergency Paid Sick Leave (EPSL) under reason (e) to augment your salary during use of EFML, you must also complete and submit <u>State Form 56941</u>, Request for Emergency Paid Sick Leave (EPSL), to your HR Representative and your Supervisor.

Name of employee					People Soft id	dentification number						
Agency				Name of supervisor								
rigolioy				riamo or caporricor								
Telephone number		E-mai	l address									
( )												
		I										
EFML is available only for the following purpose:												
The employee is unable to work all assigned hours remotely or at an assigned worksite due to a need for leave to care for the employee's child(ren) under eighteen (18) years of age or with a disability under the Americans with Disabilities Act (ADA), because the elementary school, secondary school, or place of care has been closed or is unavailable, due to a public health emergency (i.e., a COVID–19 emergency declared by a Federal, State, or local authority). Emergency responders and health care providers are not eligible for EFML.  I certify the following information is true and accurate: (Check appropriate boxes.)  I am a full-time employee, or I am a part-time, intermittent, or temporary employee.  In the past six (6) months, I have been regularly assigned to work hours per pay period.  And, I am not designated as an emergency responder or health care provider, during the COVID-19 pandemic.  I am unable to work onsite or remotely at all and need continuous leave.  I am able to work onsite and/or remotely but not for the total number of hours in my assigned work schedule. If you are assigned to work remotely or in an assigned worksite, you may use EFML or EPSL in fifteen (15) minute increments to complete your timesheet.  I acknowledge I may be required to work onsite or remotely during hours outside my previous work schedule.  I propose the following schedule of work and/or leave. I understand my schedule will not be final until approved by my supervisor, and if work is available and I have the capability to perform that work (onsite, remotely, or in combination), then leave is not available for those work hours.  Total work hours per week proposed. Total leave hours per week requested.												
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday					
Work												
Leave												
I certify I am providing in-person care for the following child(ren), and the stated school or place of care is closed or unavailable for the child to attend.												
Name of Child		Name of School or Daycare Provider			Telephone Number / E-Mail Address / URL							
I will complete my timesheet in accordance with instructions and approvals below.												
NOTE: Due to the complicated calculations required for determining amounts of leave necessary to augment to full pay, timesheets and leave balances may be adjusted by payroll staff. If you are assigned to work remotely or in an assigned worksite, you may use EPSL in fifteen (15) minute increments to complete your timesheet.												

For the first seventy-five (75) hours of EFML:												
<ul> <li>I acknowledge EFML during this period is unpaid for the first seventy-five (75) hours, and I may choose to augment using Emergency Paid Sick Leave (EPSL), available accrued leave, or earned comp time.</li> <li>If I choose to augment with EPSL,</li> <li>I acknowledge EPSL may be paid at less than 100% of my pay rate and subject to certain caps; therefore, if my full salary is above the caps, I may choose to further augment using available accrued leave or earned comp time.</li> <li>I must complete and submit an EPSL Request Form to my HR Representative and my Supervisor.</li> <li>I choose to augment using available accrued leaves or comp time in the following order:         Sick Leave − SICK</li></ul>												
After the first sev	enty-five (75) hours o	of EFML:										
<ul> <li>I acknowledge EFML during this period is paid at 2/3 pay rate, not to exceed \$200 daily and \$10,000 in the aggregate for up to ten (10) workweeks; therefore, if my full salary is above those caps, I may choose to augment using Emergency Paid Sick Leave (EPSL), available accrued leave, or earned comp time.</li></ul>												
Number of hours EF	ML requested per week	Begin	date (month, day, yea	r)		Estimated end date (month, day, year) *						
		9	(,,, ,	,								
Signature of employee (A typed signature is sufficient.)							Date of request (month, day, year)					
* If you are assigned to work remotely or in an assigned worksite, you may use EFML or EPSL in fifteen (15) minute increments to complete your timesheet; therefore, the Estimated End Date may be more than twelve (12) workweeks after the Begin Date.  This section to be completed by an HR representative in consultation with the supervisor and then sent to the employee and agency payroll staff.												
This section to b	e completed by all Hi	\ representative	iii consultation wit	ii iiie supervisor a	na tne	ii sent to the	employee and ago	ency payron stan.				
The following schedule is approved from		(month, day, year)		(month, day	r, year)	·						
	Sunday	Monday	Tuesday	Wednesday	Th	nursday	Friday	Saturday				
Work												
Leave												
Notes about schedul	ing requirements and opti	ons:										
Employee has declared intent to augment EFML using the following leaves in the stated order:  EPSL Sick Leave – SICK Personal Leave – PER Vacation Leave – VAC Earned Comp Time Used – CTKN												
Continuous leave approved from to (month, day, year) to (month, day, year)												
(month, day, year) (month, day, year)  Intermittent use of leave and work onsite or remotely approved in accordance with schedule, notes, and use of other leaves as described above.												
Name of supervisor  Date of approval (month, day, year)												
Name of HR representative						Date of approval (month, day, year)						