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|  | **REQUEST FOR EMERGENCY FAMILY-MEDICAL LEAVE (EFML)**  State Form 56940 (4-20)  STATE PERSONNEL DEPARTMENT | | | | | | | | | | |
| ***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:* [*EmployeeRelations@spd.in.gov*](mailto:EmployeeRelations@spd.in.gov) *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* [*State Form 56941, Request for Emergency Paid Sick Leave (EPSL)*](https://forms.in.gov/Download.aspx?id=14547)*, to your HR Representative and your Supervisor.* | | | | | | | | |
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| Name of employee | | | | | | | | | People Soft identification number | | |
| Agency | | | | | | | Name of supervisor | | | | |
| Telephone number  (     ) | | | | | E-mail address | | | | | | |
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| **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** | | | |
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| **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. | | | | | | | | | | | |

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| **For the first seventy-five (75) hours of EFML:** | | |
| 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.  If I choose to augment with EPSL,  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.  I must complete and submit an EPSL Request Form to my HR Representative and my Supervisor.  I choose to augment using available accrued leaves or comp time in the following order:        Sick Leave – SICK       Personal Leave – PER        Vacation Leave – VAC       Earned Comp Time Used – CTKN  I choose NOT to apply any other leaves during the first seventy-five (75) hours I am taking EFML and will be unpaid. | | |
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| **After the first seventy-five (75) hours of EFML:** | | |
| 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.  If I choose to augment with EPSL,  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 those caps,  I may choose to further augment using available accrued leave or earned comp time.  I must complete and submit an EPSL Request Form to my HR Representative and my Supervisor.  I choose to augment using available accrued leaves or comp time in the following order:        Sick Leave – SICK       Personal Leave – PER        Vacation Leave – VAC       Earned Comp Time Used – CTKN  I choose NOT to apply any other leaves after the first seventy-five (75) hours and will receive 2/3 of my pay (up to $200 daily and $10,000 total) using  EFML only.  *See* [*Instructions for Recording Time in Time and Labor for EFML and EPSL*](https://www.in.gov/spd/files/Recording%20Time%20in%20PeopleSoft_UPDATED_4-1-20.pdf)*.* | | |
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| Number of hours EFML requested per week | Begin date *(month, day, year)* | Estimated end date *(month, day, year)* \* |
| 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.*

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| ***This section to be completed by an HR representative in consultation with the supervisor and then sent to the employee and agency payroll staff.*** | | | | | | | | | | | | | | | |
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| The following schedule is approved from | | | |  | | | to | |  | | | | . | | |
|  | | | | *(month, day, year)* | | |  | | *(month, day, year)* | | | |  | | |
|  | **Sunday** | **Monday** | | | **Tuesday** | | | **Wednesday** | | **Thursday** | | | | **Friday** | **Saturday** |
| **Work** |  |  | | |  | | |  | |  | | | |  |  |
| **Leave** |  |  | | |  | | |  | |  | | | |  |  |
| Notes about scheduling requirements and options: | | | | | | | | | | | | | | | |
| 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)* | | |  | | *(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)* | | | | |