



Human Resources
 18360 NE Caldart Avenue
 Poulsbo, WA 98370
 (360) 396-3007
 nkschools.org

EMERGENCY FMLA – EMPLOYEE REQUEST FORM

Employees may be entitled to Emergency FMLA (EFMLA) in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards. Employees can complete this form and submit it or any questions to Janet Paeth at jpaeth@nkschools.org.

Employee Name: _____

Mailing Address: _____ E-mail: _____

Home Phone Number: _____ Alternate Phone Number: _____

Employment Start Date: _____ Employees must have worked for the District for 30 days to be eligible for EFMLA.

Expected Begin Date of Leave: _____ Expected Return to Work Date: _____

REASON FOR LEAVE

Employees satisfying the standards noted below are eligible for 12 weeks* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee’s regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the applicable instructions.

- I am unable to work or telework** because I need to care for my child under age 18 because my child’s elementary or secondary school, childcare provider, or child’s place of care has been closed or is unavailable due to a public health emergency. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving EFMLA.

Name(s) and Age(s) of Child/Children: _____

If the age of one or more of your children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours: _____

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.

** An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA. Direct questions about, or requests for, this leave to the staff member noted above.*

SUBSTITUTION OF PAID LEAVE FOR FIRST TEN DAYS OF EFMLA

In accordance with the FFCRA, the first 10 days of EFMLA is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District-provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the District. If requesting Emergency Paid Sick Leave, please complete and submit an Emergency Paid Sick Leave form.

Vacation: _____Hours Sick Leave: _____Hours Personal Leave: _____Hours FFCRA: _____Hours

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to honor the EFMLA schedule, I may be subject to discipline in accordance with District policy.

Employee Signature: _____ Date: _____

FOR DISTRICT USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Period of Leave: _____

Intermittent Leave Schedule if applicable: _____

Duration and Type of Substituted Leave for First Ten Days Approved: _____

The District will retain all records related to this leave request for at least four (4) years for auditing purposes.