

Notice of Leave Eligibility For Emergency Family and Medical Leave (EFMLA) Under FFCRA

The Emergency Family and Medical Leave Expansion Act (EFMLA) allows for eligible employees unable to work due to caring for their child because the child's school or childcare has been closed, or is unavailable due to the public health emergency, will be provided with a job-protected leave of absence of up to 12 weeks.

Who is eligible for EFMLA?

Employees who have been employed by the Company for at least 30 days are eligible for EFMLA, regardless of their regular number of work hours.

Is the leave paid or unpaid?

The first 2 weeks (10 workdays) of EFMLA are unpaid unless you have taken FFCRA emergency paid sick leave (if applicable) or you choose to use other accrued paid leave, such as sick time or vacation.

After the first 2 weeks, your remaining EFMLA will be paid, up to another 10 weeks through December 31, 2020. You are entitled to receive two-thirds (2/3) of your regular rate of pay (based on your average number of hours worked during the 6 months prior to the start of your leave) up to \$200 per day for the 10 weeks (\$10,000 total). If you have not been employed for at least 6 months, the average number of hours will be based on what you normally would be scheduled to work. You may choose to use existing paid vacation, personal, medical, or sick leave (if applicable) to supplement the amount you receive, up to your normal earnings.

Is this different from FMLA and if so, how do both FMLA and EFMLA work together?

EFMLA is an emergency law expanding FMLA and expires on December 31, 2020. If you qualify for leave under both EFMLA and FMLA, the time off will count concurrently. You are not entitled to more than a total of 12 weeks under both policies (except for qualifying military exigency leave of 26 weeks under FMLA).

How much notice do I have to give to use my EFMLA?

You are required to provide reasonable notice. If practicable, we ask that you report (by calling or email) every day unless you have notified Tower HR that your EFMLA leave is expected to continue for a certain period of time.

Will I be required to provide some sort of written verification?

You will be required to provide documentation to verify the qualifying reason for the leave, such as a notice of closure of school or childcare provider (i.e. email, notification on website, or news article). Your EFMLA will be expected to end once the school or childcare reopens or returns to normal operations.

What happens to my insurance while I'm on leave?

Any group insurance coverage you participate in now will continue under the same terms and conditions. We will continue making payroll deductions to cover your employee portion of the premiums.

Will I get my job back when I return to work?

Employees returning to work from EFMLA leave will be restored to the same position they held prior to their leave or an equivalent position. The law provides that an employee has no greater rights upon a return from leave than the individual would have had if s/he had continued to work. Therefore, an employee may be affected by a layoff, reorganization, furlough, change in job duties or other change in employment if the action would have occurred had the employee remained actively at work.

If you have any questions or concerns regarding your eligibility, rights and responsibilities for EFMLA, please contact Tower Human Resources. Providing false or misleading information regarding the need for EFMLA or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Emergency Leave Request

Employees requesting Emergency Family and Medical Leave (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form and provide written verification of eligibility. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to towerhr-group@sjsu.edu for processing.

Employee Name:	
Employee Home Address:	E-mail:
Home Phone Number:	Cell Phone Number:
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected Return to Work Date:
Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons: <input type="checkbox"/> I am subject to state, federal or local quarantine or isolation order related to COVID-19 <input type="checkbox"/> I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19 <input type="checkbox"/> I have symptoms related to COVID-19 and I am seeking a diagnosis <input type="checkbox"/> I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19 <input type="checkbox"/> I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19 <input type="checkbox"/> I am experiencing other conditions substantially similar to COVID-19 as specified by HHS.	
I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave	
If your need for leave is intermittent, please describe the nature of your intermittent leave: _____	

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 contact Tower Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____ **Date:** _____