



Human Resources
 Room 340
 411 West First Street
 Duluth, Minnesota 55802

FORM

EMPLOYEE REQUEST FOR EMERGENCY FAMILY AND MEDICAL LEAVE

Emergency Responders are excluded from this FMLA expansion

Employees requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources Leave Reporting (leavereporting@duluthmn.gov) for processing. **You will be required to provide documentation to verify the qualifying reason for the leave, such as a copy of any quarantine or isolation order, or written note by a health care provider advising self-quarantine, or a notice of closure of school or childcare provider (i.e., email, notification on website, or news article).**

Full Name:		Employee ID # or Date of Birth:	
Home Address:		City:	State:
Primary Phone:		Alternate Phone:	
<input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
Date of Hire:		Email:	
Department:		Division:	
Status: <u>Full-Time:</u> <input type="checkbox"/> 37.5 hours/week <input type="checkbox"/> 40 hours/week <u>Part-Time:</u> <input type="checkbox"/> 1/2 time (14-24 hours/week) <input type="checkbox"/> 3/4 time (24-30 hours/week) <u>Non-Union:</u> <input type="checkbox"/> Temporary (67 or 100 days) <input type="checkbox"/> Part-Time (13 or 13.5 hours/week)		Bargaining Unit: <input type="checkbox"/> Basic <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input type="checkbox"/> Not Represented (NREP) <input type="checkbox"/> Non-Union	

This is a (check one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Start Date for Leave:	Expected Return to Work Date:
Reason for Leave (check all applicable) – I am unable to work or telework for the following reason(s):	
<input type="checkbox"/> I need to care for my son or daughter under age 18 because my child's elementary or secondary school has been closed due to a public health emergency <input type="checkbox"/> I need to care for my son or daughter under age 18 because my child's place of care has been closed due to a public health emergency <input type="checkbox"/> I need to care for my son or daughter under age 18 because the childcare provider for my son or daughter is unavailable because of a public health emergency	
I will need (check 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 Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____

Date: _____