



## Paid COVID-19 Leave/EFMLA Request Form

*(Revision Effective Date 07/22/2020)*

This request form documents and expedites the approval process for paid COVID-19 Leave under the *Paid COVID-19 Leave (Revised)* policy, and EFMLA under the policy on *Expanded FMLA for COVID-19 Related School/Child Care ("EFMLA")*.

**Completed forms must be submitted to the agency's HR office for approval.**

### Applicable Policies

- [MMB HR/LR Policy 1440: Paid COVID-19 Leave \(revised\)](#)
- [MMB HR/LR Policy 1441: Expanded FMLA for COVID-19 Related School/Child Care \("EFMLA"\)](#)

### General Information

Eligible reasons for leave are documented in the *Applicable Policies* and include:

- School Leave

If you cannot work or telework due to your need to care for your child who is under age 18, or age 18 or older and incapable of self-care because of an ADA-covered disability, because your child's school or place of care is physically closed, or your childcare provider is unavailable, due to COVID-19, and there is no other suitable person available to care for your child.

- Health Leave

If you cannot work or telework because you have symptoms associated with COVID-19 and are seeking a diagnosis, a health care provider advises you to self-quarantine due to concerns related to COVID-19, or you are subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

- Care Leave

If you cannot work or telework because you are caring for an individual who depends on you for care and the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, or is subject to a Federal, State, or local isolation or quarantine order related to COVID-19

Additional exclusions and parameters:

- Paid COVID-19 Leave and EFMLA are not available to employees who can work or telework.
- Paid COVID-19 Leave and EFMLA are subject to the eligibility requirements, caps and limitations set forth in the *Applicable Policies*.
- Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies may be denied.
- Paid COVID-19 *Health Leave* and *Care Leave* that also constitutes Family and Medical Leave Act leave can be taken on an intermittent or reduced schedule basis.
- All other types of Paid COVID-19 Leave and EFMLA may be taken on an intermittent or reduced schedule basis with institution approval.
- Paid COVID-19 Leave and EFMLA do not accrue vacation or sick leave.

## Completing this Request Form

Before completing this Request Form, review the *Applicable Policies*. Employees must complete and submit this Request Form and receive approval for use of Paid COVID-19 Leave or EFMLA.

### Required: All Employees

- Employees must complete a new copy of this request form and receive a new approval for use of paid COVID-19 leave or EFMLA if the reason for their need for Paid COVID-19 Leave or EFMLA changes.
- Employees must notify their institution HR promptly once their need for Paid COVID-19 Leave or EFMLA ceases.
- The completed request form must include your electronic/written signature. Forward the completed Request Form to your institution Human Resources office. Institution Human Resources will review your request and will act on your request.

### Required: By Role/Priority Level

Employees assigned to perform Priority 1 or Priority 2 critical services as defined in the *Applicable Policies*:

- Must submit this completed request form and receive approval in advance of taking paid COVID-19 *School Leave, Care Leave, or EFMLA*.
- Must submit this completed request form as soon as practicable to take paid COVID-19 *Health Leave*.
- Are required to receive additional authorization by their appointing authority to use paid COVID-19 leave or EFMLA.

Employees not assigned to perform Priority 1 or Priority 2 critical services as defined in the *Applicable Policies*:

- Must submit this completed request form as soon as practicable to take paid COVID-19 *School Leave* or *EFMLA* if the need for leave is foreseeable.
- Must submit this completed request form for all other requests for paid COVID-19 leave. The employee is not required to submit this request form in advance of the leave, but must submit this completed request form as soon as is practicable after the first workday (or portion of the workday) for which the employee takes the leave.

### Privacy Notice / Tennessean Warning:

Your agency is requesting you, the employee, to complete this Request Form so agency staff can assess whether you qualify for Paid COVID-19 Leave/EFMLA. Upon the form's submission, your agency will review the data and come to a determination regarding your eligibility. You are not legally required to provide us with the data requested on this form; you may refuse to do so. However, failure to complete this form in its entirety may result in a denial of your request for Paid COVID-19 Leave/EFMLA. Some of the data being requested on this form will be classified as private data under Minnesota law. Parties that may gain access to private data include agency representatives with a valid work assignment to access the data, Minnesota Management and Budget, the Legislative Auditor, and any other person or entity authorized by you, or by state or federal law, rule, regulation or court order.

### Please do not disclose any genetic information.

"Genetic Information" includes: information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the

genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Please note that the *Applicable Policies* are subject to change, and expire on December 31, 2020. All leave approvals are subject to change to conform with any changes to the *Applicable Policies*, and all leave approved under the *Applicable Policies* expires when the *Applicable Policies* are no longer in effect, except as may be required under law.



## COVID-19 Leave Request Form

Please see the eligibility requirements, caps and limitations set forth in the *Applicable Policies*. Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the *Applicable Policies* may be denied.

### Details of Requested Leave

#### General Information

Employee Name \_\_\_\_\_  
Employee ID \_\_\_\_\_  
Type of Leave \_\_\_\_\_

#### Dates of Leave

Begin date \_\_\_\_\_  
End date \_\_\_\_\_  
Return to work date \_\_\_\_\_

#### (If Applicable) New Reduced Work Schedule

Day	Start Time	End Time	Location of work performed
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			
Tuesday			

#### (If Applicable) Additional Information About Work Schedule

#### Reason for Leave

Select one: \_\_\_\_\_

*Complete the applicable section on one of the next three pages.*

**Complete this section if you selected: School Leave/EFMLA**

**I must be absent from work because: (Please check all that apply.)**

I need to care for my child\* whose school or place of care has been physically closed, or my child's care provider is unavailable, for reasons related to COVID-19.

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.

At least one of my children for whom I am caring is under age 18 OR is age 18 or older and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended).

I am unable to work or telework because special circumstances exist requiring me to provide care for a child older than 14 during daylight hours.

No other suitable person is available to care for my child during the period of time for which I am requesting Paid COVID-19 Leave/EFMLA.

No other person will be providing care for my child(ren) during the period of time for which I am requesting Paid COVID-19 Leave/EFMLA.

*\*"Child" is the employee's biological, adopted, or foster child, stepchild, legal ward, or child via in loco parentis, who is either under age 18, or age 18 or older and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended)*

**Additional Responses Required**

Name of each child to be cared for: \_\_\_\_\_

Age of each child to be cared for: \_\_\_\_\_

Name of school(s), place(s) of care, and/or childcare provider(s) that have physically closed or are unavailable due to COVID-19: \_\_\_\_\_

**Please Note:**

- This leave is limited to 2/3 of your regular rate of pay, and a daily cap of \$200, and is subject to duration limitations as set forth in the *Applicable Policies*.
- To be eligible for EFMLA, employees must have been employed by a Minnesota State Institution for at least 30 calendar days prior to the commencement of EFMLA (paid COVID-19 leave does not have this eligibility requirement).
- Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the *Applicable Policies* may be denied.

**Complete this section if you selected: Health Leave**

**I must be absent from work because: (*Please check all that apply.*)**

I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to telework, or I am not permitted to telework by my supervisor.

I have a fever, cough, shortness of breath or any other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention, and I am seeking a medical diagnosis of COVID-19.

A health care provider has advised me to self-quarantine based on the health care provider's belief that I have COVID-19, that I may have COVID-19, or that I am particularly vulnerable to COVID-19.

I am subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

**Additional Responses Required**

Name of health care provider advising self-quarantine (if applicable): \_\_\_\_\_

Name of governmental entity ordering quarantine or isolation (if applicable): \_\_\_\_\_

**Please Note:**

- This leave is limited to a daily cap of \$511, and is subject to duration limitations as set forth in the *Applicable Policies*.
- Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policy may be denied.

**Complete this section if you selected: Care Leave**

**I must be absent from work because: (*Please check all that apply.*)**

I am caring for an individual who depends on me to care for them.

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while also providing care, or I am not permitted to telework by my supervisor.

The individual has been advised by a health care provider to self-quarantine because of the health care provider's belief that the individual has COVID-19, the individual may have COVID-19 due to known exposure or symptoms, or the individual is particularly vulnerable to COVID-19.

The individual is subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

The individual I am caring for is my immediate family member\*, a person who regularly resides in my home, or a similar person with whom I have a relationship that creates an expectation that I would care for the person if they were quarantined or self-quarantined.

*\*"Immediate family members" are your spouse, child, adult child, or parent.*

**Additional Responses Required**

Name of individual(s) the employee is caring for: \_\_\_\_\_

Relation to employee: \_\_\_\_\_

Name of individual's health care provider advising self-quarantine (if applicable): \_\_\_\_\_

Name of governmental entity ordering quarantine or isolation (if applicable): \_\_\_\_\_

**Please Note:**

- This leave is limited to 2/3 of your regular rate of pay, and a daily cap of \$200, and is subject to duration limitations as set forth in the *Applicable Policies*.
- Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policy may be denied.

**Attestation and Certification**

I have reviewed the [Applicable Policies](#) and I acknowledge that I understand the eligibility and criteria for the type of leave I am requesting, that Paid COVID-19 Leave and EFMLA hours do not accrue vacation or sick leave, and that Paid COVID-19 Leave and EFMLA are subject to caps and limitations on the amount of pay and the duration of leave available.

I certify that the information I have provided in this form is true and correct. This information is subject to verification. I understand that any employee who submits false information is subject to disciplinary action, up to and including discharge, and may be subject to action pursuant to chapter 609 (criminal code).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resources Use Only**

Employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies are required to receive additional authorization by their institution to use paid COVID-19 Leave or EFMLA.

*All approvals are subject to available leave hours and eligibility requirements. Any approval that exceeds available leave hours, or for ineligible employees or ineligible reasons, is void. Please note that MMB HR/LR Policy 1440 – Paid COVID-19 Leave (revised) and HR/LR Policy 1441 -Expanded FMLA for COVID-19 Related School/Child Care (“EFMLA”) are subject to change, and expire on December 31, 2020. All leave approvals are subject to change to conform with any policy changes, and all leave approved under the policies expires when the policies are no longer in effect, except as may be required under law.*

\_\_\_\_\_ Approved

Approved Begin Date \_\_\_\_\_ Approved End Date \_\_\_\_\_

\_\_\_\_\_ Denied

Additional Notes:

Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_