

San Diego Unified School District
Certification/Request for Emergency Family and Medical Leave Expansion Act (EFMLEA)
Leave of Absence Form



EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Employee ID #
Site/Department	Job Title	Substitute/Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee's Phone #

REQUEST FOR EFMLEA LEAVE

Emergency Family Medical Leave Expansion Act (EFMLEA): Paid Childcare Leave
Up to 12 weeks of leave during a 12 month period
The first 2 weeks are unpaid; however, other available paid leaves may be used to supplement.
The remaining 10 weeks are paid at 2/3 of the regular rate of pay up to \$200 per day or \$10,000 in aggregate

- There is a 10 day waiting period before you can access this leave, during which time, you may supplement with other available leaves. Please note: this leave is an unpaid leave unless you elect to use your accrued balances.
- Weeks 1 and 2 may be supplemented by: EPSLA Leave, Sick or Vacation
- Weeks 3 through 12 may be supplemented by: Sick or Vacation

OPTIONAL: For **Weeks 1 and 2**, please indicate which supplemental leaves you intend to use (if any), in order to be paid at your full regular pay rate:
 EPSLA Leave Sick Leave Vacation Leave

OPTIONAL: For **Weeks 3 - 12**, please indicate which supplemental leaves you intend to use (if any), in order to be paid at your full rate of pay (Select only one option):
 Sick Leave Only Vacation Leave Only
 Sick Leave followed by Vacation Leave, once Sick Leave balances are exhausted
 Vacation Leave followed by Sick Leave, once Vacation balances are exhausted

EFMLEA may be taken for a single continuous period of time, or intermittently in any increment of time agreed upon by the Administrator/Supervisor and the Employee. Please select 1 type of leave option:

Single Continuous Period of Time Start Date: _____ End Date: _____

Intermittent Leave Start Date: _____ End Date: _____

REQUIRED DOCUMENTATION

You are required to submit documentation supporting your EFMLEA leave request. The documentation must substantiate that your child's elementary/secondary school is closed, and/or your childcare provider is unavailable due to reasons related to COVID-19.

Appropriate documentation includes, but is not limited to:

- A notice that has been posted on a government, school, or daycare website, or published in a newspaper.
- An email from an employee or school official of the school, daycare, or childcare provider.

Is the required documentation included with this request? Yes No

If the answer is No, the required documentation must be remitted to HR within five (5) workdays.

EMPLOYEE CERTIFICATION

Employee Certification for EFMLEA

I certify that I am unable to work/telework due to caring for my son or daughter whose elementary/secondary school or place of care is closed, or whose childcare provider is unavailable, due to a declared COVID-19 public health emergency.

• Child's Name: _____ Child's Age: _____

• Name of School or Childcare Provider: _____

I am requesting EFMLEA leave due to being unable to work/telework based on the reason listed above:
Leave Start Date: _____ Leave End Date: _____

I certify that no other person will be providing care for the above named child during the period for which I am taking EFMLEA.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Submit this form and required documentation to Human Resources: LOA@sandi.net

For HR Use Only:

Request Approved

Request Denied Reason for Denial: _____

HR Signature: _____

Date: _____