

Application for Emergency Family and Medical Leave (EFMLA)

Section 1: Employee Information (PLEASE PRINT OR TYPE)

Employee Name: _____ TTU R#: _____

Department: _____ Job Title: _____

Supervisor: _____ Work Phone: _____

Where I can be reached during leave:

Address: _____ Telephone: _____
Street or P.O. Box City Zip

Last Day Worked: _____ Period of Absence Requested: From: _____ Through: _____

I will need (choose one): Continuous Leave Intermittent leave

If your leave is intermittent, please specify the nature of your intermittent leave:

Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid. However, you may be eligible to use emergency paid sick leave provided through the FFCRA, or you may use other appropriate accruals. Please indicate if you would like to use EPSL during the first 10 days of your absence. Yes No

Section 2: Request for Leave:

I am requesting leave due to a school closure or unavailability of childcare as a result of a COVID-19 related reason. I am unable to work, including telework, while providing care to my child(ren). I also acknowledge that no other person will be providing care for my child(ren) during the time in which I am requesting leave. Please list child(ren), age and school/childcare provider below (*note – for children over 14 years old you must provide a statement of special circumstances that supports the need for care*):

Name _____ age _____ school/daycare _____
 Name _____ age _____ school/daycare _____
 Name _____ age _____ school/daycare _____

By signing below, I certify that I intend to return to the position listed above at the end of this leave. I also certify to the best of my knowledge that all information provided on this application is true and accurate.

NOTE: Appropriate form or supporting documentation may be required in order to be considered for approval.

 Signature of Applicant Date

ROUTE FORM TO: Human Resource Services, Mail Stop 1093 or Box 41093, LUBBOCK, TX 79409

Email: hr.leaveadministration@ttu.edu Fax: 806-742-3666