



Paid COVID-19 Leave/EFMLA Request Form (Revision Effective Date 09/16/2020)

This Request Form is to document and expedite the approval process for Paid COVID-19 Leave under the Paid COVID-19 Leave 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.

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 [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#) and [HR/LR Policy - Expanded FMLA for COVID-19 Related School/Child Care \(“EFMLA”\)](#). **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.**

Eligible reasons for leave are documented in the [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#) and [HR/LR Policy 1441 - Expanded FMLA for COVID-19 Related School/Child Care \(“EFMLA”\)](#) and include:

- **School or Childcare Provider Leave** if you cannot work or telework due to your need to care for your child 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 Purposes** 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
- **Caregiving** 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

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 agency permission.

Paid COVID-19 Leave and EFMLA **do not** accrue vacation or sick leave.

Completing this Request Form

Before completing this Request Form, review the [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#) and [HR/LR Policy 1441 - Expanded FMLA for COVID-19 Related School/Child Care \(“EFMLA”\)](#).

Employees must complete and submit this Request Form and receive approval for use of Paid COVID-19 Leave or EFMLA.

Employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies must submit a completed Request Form and receive approval in advance of taking Paid COVID-19 School Leave, Care Leave, or EFMLA, and must submit a completed Request Form to take Health Leave as soon as is practicable.

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 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 policies who are requesting Paid COVID-19 Leave are not required to submit the Request Form in advance of the leave, but must submit a completed Request Form as soon as is practicable after the first workday (or portion of the workday) for which the employee takes the leave. For EFMLA leave, the Request Form must be submitted as soon as is practicable. If the reason for EFMLA is foreseeable, it will generally be practicable to provide notice prior to the need to take leave.

Note: Minnesota Management and Budget is authorized by Executive Order 20-07 to reassign or redeploy employees as necessary.

Employees must complete a new 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 agency 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 agency Human Resources office. Agency Human Resources will review your request.

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 policies expires when the policies are no longer in effect, except as may be required under law.

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.

Employee Name: _____ **Employee ID:** _____

Anticipated Leave requested

Please see the eligibility requirements, caps and limitations set forth in [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#) and [HR/LR Policy 1441 - Expanded FMLA for COVID-19 Related School/Child Care \(“EFMLA”\)](#).

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.

I am requesting full leave from _____ to _____, with an anticipated return to work date of _____.

I am requesting the following reduced schedule: _____

I will return to my normal work schedule on: _____

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

I have reviewed the above 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”) 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.

Reason for Leave

COVID-19 School Leave/EFMLA

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 policy, [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#) or [HR/LR Policy 1441 - Expanded FMLA for COVID-19 Related School/Child Care \(“EFMLA”\)](#).

To be eligible for EFMLA, employees must have been employed by a State of Minnesota executive branch agency 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 policies may be denied.

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.

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: _____

**“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)*

COVID-19 Health Leave

This leave is limited to a daily cap of \$511, and is subject to duration limitations as set forth in [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#).

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.

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 due to known exposure or symptoms, 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.

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

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

COVID-19 Care Leave

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 MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#).

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.

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.

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): _____

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

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 Signature:		Date:

Human Resources Use: Do not write in this section

Approved* from _____ to _____

Denied

Date _____

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 appointing authority 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.*