

Emergency Family and Medical Leave Expansion Act (EFMLA) Notification

ADMINISTRATOR INSTRUCTIONS This form is to be used for leave by HR Team Members who are responsible for providing employees with information pertaining to the Emergency Family and Medical Leave Expansion Act (EFMLA). This form must be submitted to the employee within five business days of the employee's request for EFMLA leave. Contact Human Resources if you have any questions.

SECTION I: EMPLOYEE AND DEPARTMENT CONTACT INFORMATION

Employee's Name	Date:
Department	Blinn ID Number
HR Team Member	HR Team Member Contact Phone

SECTION II: REQUEST AND DESIGNATION OF EFMLA LEAVE

Beginning Date:	Date you requested EFMLA leave
Ending Date:	Ending date of EFMLA leave request
<input type="checkbox"/> Undetermined - Intermittent Leave	Ending date undetermined/unknown due to intermittent leave

SECTION III: YOUR REASON FOR REQUESTING EFMLA LEAVE

Our records show that you have requested EFMLA leave due to:

- The closing of your child's school due to concerns related to COVID-19; or
- The closing of your child's place of care due to concerns related to COVID-19; or
- The unavailability of my child's regular child care provider due to concerns related to COVID-19.

SECTION IV: YOUR NOTICE OF EFMLA ELIGIBILITY

Except as explained below, you have a right under The Emergency Family and Medical Leave Expansion Act (EFMLA) to take up to 12 weeks of leave per fiscal year (9/1 through 8/31) for the dates listed above (*employees are limited to a combined total of twelve weeks or 480 hours of leave taken under the EFMLA and FMLA during the fiscal year*). You are entitled to be reinstated to the same or an equivalent position when returning from EFMLA leave, provided you have accounted for your leave as required. You may, under certain circumstances, be required to reimburse Blinn College for its share of health insurance premiums paid on your benefit during your EFMLA and/or FMLA leave in the event you do not return to work following EFMLA and/or FMLA leave. Please note the following information regarding your EFMLA leave:

EFMLA Eligibility – You must have at least 30 calendar days of state service to qualify for EFMLA benefits. Our records indicate the following:

<input type="checkbox"/> <u>ELIGIBLE</u> You are eligible for EFMLA leave and have met the requirements above. Your leave indicated above (and any other applicable leave) will be counted against your annual entitlement, provided that you meet the documentation requirements in Section VIII.	<input type="checkbox"/> <u>NOT ELIGIBLE</u> You are not eligible for EFMLA leave at this time due to the reasons listed below in Section V; accordingly, your absences listed above will not be designated as EFMLA.
--	---

SECTION V: (if applicable) YOU DO NOT QUALIFY FOR EFMLA LEAVE BECAUSE:

- You do not have 30 calendar days of state service.
- You have previously exhausted your FMLA leave for this fiscal year.
- You did not submit documentation substantiating the need for EFMLA leave.
- Your child is not within the qualifying age range (under 18 years of age).
- Special circumstances requiring my need for leave to care for my child above age 15 do not exist.
- Your child's other parent has previously been granted EFMLA for the days/times you are requesting

SECTION VI: YOUR RESPONSIBILITIES UNDER THE EFMLA

To request EFMLA leave as provided under the Families First Coronavirus Response Act and Blinn College's EFMLA Policy, you must complete and submit the [EFMLA Request Form](#) to Human Resources as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

1. Please note that your *eligibility* for EFMLA benefits does not necessarily ensure that your leave will be designated as EFMLA leave. You must return the necessary documentation **within 15 calendar days** so that we may designate your leave accordingly. Your failure to provide sufficient documentation within this timeframe may result in the delay or denial of EFMLA benefits related to this notice.
2. You will be required to remain in contact with your work area as required by the policies of Blinn College. If the circumstances of your leave change and you are able to return to work earlier than the requested leave end date on your EFMLA Request Form, you will be required to notify us at least two work days prior to the date you intend to report for work so that we can make the appropriate arrangements. Your failure to provide us with the requested notice may result in a delay of your return to work.
3. The first 10 workdays of EFMLA may be unpaid, although you may choose to substitute accrued vacation or sick leave during this time or utilize up to two weeks (up to 80 hours for full-time employees; prorated for part-time employees) of emergency paid sick leave under the FFCRA. After the first 10 workdays, paid leave will be provided for the remaining leave taken under the EFMLA.

SECTION VIII: YOUR SIGNATURE PROVISIONS

Your signature below shows your acknowledgment and advises you of the following:

- a. You should review the entire contents of this document (along with any attachments) upon receipt and contact appropriate personnel in Human Resources in the event you have questions regarding your EFMLA leave.
- b. Your leave may not be designated as EFMLA leave unless you follow the documentation requirements specified in Section VI. You must contact Human Resources in the event you are unable to provide the necessary documentation by the deadline requested.
- c. EFMLA leave will be applied to your leave balances where appropriate and relative to the circumstances specified in your EFMLA Request Form.
- d. Your EFMLA balance is available via Self Service Banner or by contacting your HR Department.
- e. Notify HR if you believe your EFMLA balance is incorrect.
- f. The Families First Coronavirus Response Act (FFCRA) governs your use of EFMLA leave.
- g. Federal or other regulations may apply to your leave if unique circumstances are otherwise not covered in this document or applicable attachments.
- h. You are encouraged to contact Human Resources if you feel your EFMLA Rights have been violated.

SECTION IX: Human Resources and Employee Signatures

HR Team Member Signature

My signature indicates I have provided EFMLA information to the employee below or designee:

HR Team Member signature

Date

Employee or Designee Signature⁴

My signature indicates I have received EFMLA information from the HR Team Member or my designee:

Employee/Designee signature

Date