



Print Form

Angelo State University
Application for Emergency Family and Medical Leave (EFMLA)

Section 1: Employee Information

Employee Name: [ ] Employee CID: [ ]
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: Start Date: [ ] End Date: [ ]

I will need (choose one):

- [ ] Continuous Leave
[ ] Intermittent Leave (If checked, explain in the box below)

[ ]

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: Circumstance Supporting Request for Leave

School closure or unavailability of childcare due to a COVID-19 related reason.

My child attends [ ] 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.

Employee Signature [ ] Date: [ ]

Return form to Office of Human Resources to be placed in official record