

Emergency FMLA is part of the existing FMLA 12-week entitlement.

Client

I. Employee Details

Employee Name		Last 4 Digits of Social Security Number
Address		
Phone	Email	
Anticipated Start Date of Leave	Anticipated Return to Work Date	
Request Type <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	Is the employee able to tele work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

II. Reason for Leave (check all applicable)

- I need to care for my son or daughter under age 18 because my child’s elementary or secondary school has been closed due to a public health emergency.
- I need to care for my son or daughter under age 18 because my child’s place of care has been closed due to a public health emergency.
- I need to care for my son or daughter under age 18 because the childcare provider for my son or daughter is unavailable because of a public health emergency.

This request is for (choose one): Continuous Leave Intermittent Leave

If the leave request is intermittent, please provide the agreed schedule.

III. Child(ren) Information

- Employees must complete the below for each child, the employee is requesting E-FMLA.
- Submit Proof of School and/or Childcare Provider closed due to COVID-19.

Client: Please note, it is recommended you keep a copy of the following documentation for up to 4 years. This may be required by the IRS as part of claiming the tax credit.

Child’s Name	Age	School Name or Childcare Provider Name
1.		
2.		
3.		
4.		
5.		

III. Signatures

Employee Signature		Date
Worksite Employer Printed Name	Worksite Employer Signature	Date

Please send the completed E-FMLA Request form as well as documentation supporting the request, to the CoAdvantage Benefits Center 30 days prior to the anticipated start date, when possible:

Via fax to: 813-739-5200
Via email to: Leave@CoAdvantage.com
Via mail to: 3350 Buschwood Park Drive, Suite 200
 Tampa, FL 33618