



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
REQUEST FOR LEAVE UNDER
THE EMERGENCY FAMILY and MEDICAL LEAVE
EXPANSION ACT (EFMLEA)**

Donna P. Korn, Chair
Dr. Rosalind Osgood, Vice Chair

Lori Aladeff
Robin Bartleman
Heather P. Brinkworth
Patricia Good
Laurie Rich Levinson
Ann Murray
Nora Rupert

Robert W. Runcie
Superintendent of Schools

Employees with more than thirty (30) days of employment may take up to twelve (12) weeks of EFMLEA leave between April 1, 2020 and December 31, 2020 when unable to work because of the need to care for a son/daughter whose school/place of care is closed or childcare provider is unavailable due to COVID-19 related reasons. The first two (2) weeks of EFMLEA leave is unpaid unless an application for Emergency Paid Sick Leave (EPSL), not used before for another COVID-19 reason, is made. EFMLEA leave is **included in and not in addition**, to the total FMLA leave entitlement of twelve (12) weeks.

Employee's Name: _____ Personnel # _____

Mailing Address: _____

Daytime Telephone Number: _____ E-mail Address: _____

School/Department Name: _____ Position: _____

Leave Start Date: _____

- My son/daughter is over the age eighteen (18) **and** incapable of self-care because of a mental or physical disability.
- No other suitable person is available to care for my son/daughter.
- My employer **does not have** work for me to do.

By requesting EFMLEA Leave, I authorize the School Board of Broward County, Florida to confirm my son/daughter's attendance and the closure or unavailability with my child's school or place of care.

Child's Name & School/Place of Care/Care Provider's Name

Child's Name & School/Place of Care/Care Provider's Name

Child's Name & School/Place of Care/Care Provider's Name

Child's Name & School/Place of Care/Care Provider's Name

Please select all that applies:

- I elect to use EPSL for the first two weeks of EFMLEA leave. **Attach a completed EPSL Request form.** I understand I will be paid two-thirds my regular rate of pay up to \$200 per day and no more than \$2,000, unless I choose to supplement the remaining one-third of unpaid leave with my earned and accrued paid time (vacation, sick, compensatory, etc.).
- I elect to supplement my remaining EFMLEA leave with my earned and accrued paid time (vacation, sick, compensatory time, etc.).
- I do not elect to use my available paid leave time to supplement EFMLEA leave. I understand I will be paid two-thirds my daily rate of pay to a maximum of \$200 per day and no more than \$10,000 in the aggregate.

Employee's Signature: _____ Date: _____

LEAVES DEPARTMENT USE ONLY	
Not Eligible Reason: _____	
Approved By: _____	Date: _____
Chief Financial Officer, The School Board of Broward County, FL	

**Mail or fax application and required documentation to:
The Leaves Department – 7770 West Oakland Park Boulevard, Sunrise, FL 33351
TEL: (754)321-3130 - FAX: (754)321-3140**