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 CCB# 64174

## Employee Request for Emergency Family and Medical Leave

Employees requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Please also submit documentation to support the reason for leave (e.g., a letter from a school notifying you of a closure). Delta Fire, Inc. reserves the right to request additional supporting documentation at a later date. Upon completion of this form, submit it to Human Resources for processing.

**Employee Name:** \_\_\_\_\_

**Employee Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**This is a (choose one):**     New request for leave                       Request for an extension of leave

**Anticipated Begin Date of Leave:** \_\_\_\_\_ **Expected Return to Work Date:** \_\_\_\_\_

**Reason for Leave (please check)** I am unable to work (or telework) because:

I am caring for my child under age 18 whose school or place of care is closed (or child care provider is unavailable) because of COVID-19 related reasons.

**I will need (choose one):**     Continuous leave                       Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

\_\_\_\_\_  
 \_\_\_\_\_

**I certify that the above information is accurate and complete. I understand that if any information or supporting documentation is inaccurate or incomplete, I may be subject to disciplinary action. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_