

**IV. EXPANDED FAMILY AND MEDICAL LEAVE (EFML) REQUEST FORM**  
**EFFECTIVE: April 1, 2020 through December 31, 2020**  
**University of California**

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
REQUESTED EFML DATES	EFML START DATE	EFML END DATE
LOCATION	DEPARTMENT	SUPERVISOR
<b>If this is the first time you are taking EFML, complete sections A and B below.</b> <b>If you have previously taken any EFML, skip section A and fill out section B.</b>		
<b>Section A: Pay Options During the First Two Workweeks of EFML</b>  During the first 2 workweeks of EFML (which are unpaid), I would like to:  <input type="checkbox"/> Use EPSL to receive pay (if I have not previously used EPSL) <b>NOTE: If checking this option, you should enter the same start date for EPSL and EFML.</b>  <input type="checkbox"/> Use UC Expanded Paid Administrative Leave to receive pay (if I have 2 workweeks remaining of that leave)  <input type="checkbox"/> Use the following type of accrued paid leave (such as vacation or PTO) to receive pay: _____  <input type="checkbox"/> Use a combination of UC Expanded Paid Administrative Leave and accrued paid leave as follows: _____  <input type="checkbox"/> Take leave without pay for these 2 workweeks  <input type="checkbox"/> Other: _____		
<b>Section B: Information to Support My Request for EFML:</b>  Name and age of each <i>child</i> for whom I providing care:  _____ _____  There is no other suitable person besides me who will be caring for my <i>child/children</i> listed above during the period for which I am requesting EFML. Check here to confirm: <input type="checkbox"/>  The name of each <i>school</i> or <i>place of care</i> that is closed if that is the reason I am providing care for my <i>child/children</i> listed above:  _____  The name of each <i>childcare provider</i> that is closed/unavailable if that is the reason I am providing care for my <i>child/children</i> listed above:  _____		

**Section B: Information to Support My Request for EFML (CONTINUED):**

During the period for which I am requesting EFML, my *child's/children's school, place of care, or child care provider* will be closed or unavailable to my *child/children* only on certain days due to their implementation of an alternate day or other hybrid-attendance schedule.

- No, this does not apply to me.
- Yes, I confirm this is true. My *child's/children's school, place of care, or child care provider* will be closed or unavailable to my *child/children* only on certain days because they are implementing the following alternate day or other hybrid-attendance schedule:

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**For example: “My child’s school only permits my child to attend school in person on Tuesdays and Thursdays, and my child participates in remote learning on Mondays, Wednesdays, and Fridays.”**

If I have listed a *child* above who is older than 14 and I am providing care for that *child* during daylight hours, I am required to do that because of the following special circumstances:

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If I have listed a *child* above who is 18 years or older, that *child* is incapable of self-care because of a mental or physical disability. Check here to confirm, if applicable:

**CERTIFICATION**

I certify that the foregoing is true. I understand that the University may require additional documentation in support of my request for EFML.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>	<b>SUPERVISOR SIGNATURE</b>	<b>DATE</b>