

Application for Emergency Family and Medical Leave (EFMLA)

Section 1: Employee Information (P Employee Name:	,	R#:	
	Job Title: 		
Where I can be reached during leav	re:		
Address:	Telephone:		
Street or P.O. Box	City	Zip	
Last Day Worked:	Period of Absence Req	uested: From:	Through:
I will need (choose one): Con	tinuous Leave	ermittent leave	
If your leave is intermittent, please			
			_
Substitution of Paid Leave: Pursua eligible to use emergency paid sick Please indicate if you would like to	leave provided through the	e FFCRA, or you may use	other appropriate accruals.
Section 2: Request for Leave:			
I am requesting leave due to a school unable to work, including telework, providing care for my child(ren) dur provider below (note – for children over care):	while providing care to my ing the time in which I am re	child(ren). I also acknow equesting leave. Please li	ledge that no other person will b st child(ren), age and school/childca
Name	age	school/daycare	
Name	age	school/daycare	
Name	age	school/daycare	
By signing below, I certify that I inte the best of my knowledge that all in NOTE: Appropriate form or sup	formation provided on this	application is true and a	ccurate.
			 Date

ROUTE FORM TO: Human Resource Services, Mail Stop 51017 5001 El Paso Drive, El Paso, TX

79905 Email: elphleaveadmin@ttuhsc.edu Fax: 915.215.8286