



**Roane County Government**  
**Employee Benefits Jennifer Suter**  
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**Families First Coronavirus Response Act**  
**EFMLEA Request (Emergency FMLA)**

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

First Day of Leave: \_\_\_\_\_

Employee Contact: Cell \_\_\_\_\_

Employee Email: \_\_\_\_\_

**Emergency FMLA Expansion Act:**

Employees may take up to 12 weeks to care for employee's child (under 18) if the child's school or daycare is closed due to a public health emergency. **Please be advised that this is an expansion of FMLA. Employees who have already used 12 weeks of FMLA are not eligible for EFMLEA.**

Has employee been employed for 30 days?  Yes  No

Has employee worked at least 30 days?  Yes  No

Is the employee full time?  Yes  No

Is employee part time?  Yes  No

If part time, what is the average number of hours the employee worked for the prior 6 months? \_\_\_\_\_ avg. hours

Does employee wish to go unpaid for the first 10 days?  Yes  No

If employee wishes to use leave for first 10 days, please specify leave to be used and the order of usage:

- Yes  first, second, third Sick leave  
 Yes  first, second, third Vacation  
 Yes  first, second, third Comp time

After the first 10 days, the employee will receive two-thirds of employee's regular rate up to **\$200 per day**. Part time will receive two-thirds of employee's pay based on previous 6 months.

Does the employee wish to use leave to fill in the other one-third of pay?  Yes  No

If so, please specify leave to be used and order of usage:

- Yes  first, second, third Sick leave  
 Yes  first, second, third Vacation  
 Yes  first, second, third Comp time

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date