FMLA Leave Expansion (EFMLA / COVID-19)
Policy and Application Form

Purpose
To comply with the Families First Coronavirus Response Act and to assist WMU employees affected by the COVID-19 outbreak with job-protected leave and pay, where applicable. This policy will be in effect from April 1, 2020, until December 31, 2020. Our existing FMLA leave policy still applies to all other FMLA-qualifying reasons for leave outside of this policy.

Expanded FMLA Leave

Employee Eligibility
All current employees who have been employed with Western Michigan University for at least 30 days and are actively scheduled for work are eligible for leave under this policy.

Employees laid off or otherwise terminated on or after March 1, 2020, who are rehired on or before December 31, 2020, are eligible for leave upon reinstatement if they had previously been employed with Western Michigan University for 30 or more of the 60 calendar days prior to their layoff or termination.

Reason for Leave
Eligible employees who are unable to work (or work remotely) due to a need to care for their child when a school or place of care has been closed, or when the regular child care provider is unavailable due to a public health emergency with respect to COVID-19.

“Child” means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

“Child care provider” means a provider who receives compensation for providing child care services on a regular basis, including:

- A center-based child care provider.
- A group home child care provider.
- A family child care provider (one individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence).
- Other licensed provider of childcare services for compensation.
- A childcare provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.

“School” means an elementary or secondary school.
Duration of Leave
Employees will have up to 12 weeks of leave to use from April 1, 2020, through December 31, 2020, for the purposes stated above. This time is included in and not in addition to the total FMLA leave entitlement of 12 weeks in a 12-month period.

(For example, if an employee has already taken 6 weeks of FMLA leave, that employee would be eligible for another 6 weeks of FMLA leave under this policy.)

Increments & Intermittent Use of Leave
Employees may take expanded FMLA leave intermittently and in any increment agreed to with their manager or supervisor. For example, an employee may only need 4 hours per day of leave to care for their child or may only need to do so on Tuesdays and Thursdays. Managers and employees are expected to be flexible in scheduling wherever possible.

Pay During Leave
Leave will be unpaid for the first 10 days of leave; however, employees may use COVID-19 allowance, accrued annual leave or sick leave during this time. Pay will not exceed $200 per day and $10,000 in total. Any unused portion of this pay will not carry over to the next year.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- If the employee has worked 6 months or more, the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.

Employee Status and Benefits During Leave
While an employee is on leave, the company will continue the employee’s health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. While on paid leave, the employer will continue to make payroll deductions to collect the employee’s share of the premium. During any unpaid portions of leave, the employee must continue to make this payment per instructions from the WMU Human Resources.

If the employee contributes to a life insurance or disability plan, the employer will continue making payroll deductions while the employee is on paid leave. During any portion of unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums.

Procedure for Requesting Leave
All employees requesting FMLA leave must provide written notice of the need for leave to the HR manager as soon as practicable. Verbal notice will otherwise be accepted until written notice can be provided.

Notice of the need for leave must include:
- The name and age of the child or children being cared for.
• The name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons.
• A statement representing that no other suitable person is available to care for the child or children during the period of requested leave. For children over the age of 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

On a basis that does not discriminate against employees on FMLA leave, the company may require an employee on FMLA leave to report periodically on the employee’s status and intent to return to work.

**Employee Status After Leave**
Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The company may choose to exempt certain key employees from this requirement and not return them to the same or similar position when doing so will cause substantial and grievous economic injury to business operations. Key employees will be given written notice at the time FMLA leave is requested of their status as a key employee.
FMLA Leave Expansion (EFMLA / COVID-19) Application Form

To request expanded FMLA leave as provided under the Families First Coronavirus Response Act and Western Michigan University’s Expanded Family and Medical Leave Policy, please complete the following request form and submit to your manager/supervisor for approval. Approved forms should be forwarded to WMU Human Resources as soon as possible before leave commences. Verbal notice of approval from the manager/supervisor will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Information

Last Name _________________________ First Name _____________________ Middle ______

Employee ID # ________________________ WMU email address ___________________________

Phone # _____________________________

Manager: ____________________________ Department: ____________________________

Requested Leave Start Date: ___________ End Date: ___________

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child’s school or place of care, due to concerns related to COVID-19.
- The unavailability of my child’s regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
If a reduced work schedule is needed, indicate the days and hours you are available for work:

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I have attached appropriate documentation supporting my need for leave.

Employee Signature: ____________________________ Date: ____________

Manager Signature: ____________________________ Date: ____________

HR Department Rep. Signature: ____________________________ Date: ____________

**Employee Statement Supporting Leave**

I, _________________, provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

**Name of school or place of care closed due to concerns related to COVID-19:**
______________________________________________________________

**Name of child caregiver unavailable due to concerns related to COVID-19:**
______________________________________________________________

**Name and age of child or children I am needed to care for:**

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**No other suitable person is available to care for my child for the requested leave period due to:**
______________________________________________________________

**The special circumstances requiring my need for leave to care for a child ages 15-17 are:**
______________________________________________________________

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: ____________________________ Date: ____________

WMU Human Resources use only - Approved _____ Denied _____
HR Rep Signature ____________________________ Date ________ Comments: