



# REQUEST FOR EMERGENCY FAMILY-MEDICAL LEAVE (EFML)

State Form 56940 (4-20)  
STATE PERSONNEL DEPARTMENT

**NOTE: Employees who are emergency responders or health care providers are NOT ELIGIBLE for this leave.**

- INSTRUCTIONS:**
1. Complete and submit form to FAX: 317.974.2029 or E-MAIL: [EmployeeRelations@spd.in.gov](mailto:EmployeeRelations@spd.in.gov) AND submit a copy to your Human Resources (HR) Representative and your Supervisor.
  2. The automated system will issue a denial to anyone who does not meet the usual Family Medical Leave (FML) eligibility requirements. If you receive that notice, and believe you meet requirements for EFML, call 1.855.773.4647, Option 4, to have request re-opened.
  3. If requesting use of Emergency Paid Sick Leave (EPSL) under reason (e) to augment your salary during use of EFML, you must also complete and submit [State Form 56941, Request for Emergency Paid Sick Leave \(EPSL\)](#), to your HR Representative and your Supervisor.

Name of employee		People Soft identification number
Agency		Name of supervisor
Telephone number (     )	E-mail address	

### EFML is available only for the following purpose:

The employee is unable to work all assigned hours remotely or at an assigned worksite due to a need for leave to care for the employee's child(ren) under eighteen (18) years of age or with a disability under the Americans with Disabilities Act (ADA), because the elementary school, secondary school, or place of care has been closed or is unavailable, due to a public health emergency (i.e., a COVID-19 emergency declared by a Federal, State, or local authority). Emergency responders and health care providers are not eligible for EFML.

I certify the following information is true and accurate: (Check appropriate boxes.)

- I am a full-time employee, or
  - I am a part-time, intermittent, or temporary employee.
    - In the past six (6) months, I have been regularly assigned to work \_\_\_\_\_ hours per pay period.
  - And, I am not designated as an emergency responder or health care provider, during the COVID-19 pandemic.
  - I am **unable** to work onsite or remotely at all and need continuous leave.
  - I am **able** to work onsite and/or remotely but not for the total number of hours in my assigned work schedule. If you are assigned to work remotely or in an assigned worksite, you may use EFML or EPSL in fifteen (15) minute increments to complete your timesheet.
    - I acknowledge I may be required to work onsite or remotely during hours outside my previous work schedule.
    - I propose the following schedule of work and/or leave. I understand my schedule will not be final until approved by my supervisor, and if work is available and I have the capability to perform that work (onsite, remotely, or in combination), then leave is not available for those work hours.
- Total work hours per week \_\_\_\_\_ proposed. Total leave hours per week \_\_\_\_\_ requested.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
Leave							

- I certify I am providing in-person care for the following child(ren), and the stated school or place of care is closed or unavailable for the child to attend.

Name of Child	Name of School or Daycare Provider	Telephone Number / E-Mail Address / URL

**I will complete my timesheet in accordance with instructions and approvals below.**

NOTE: Due to the complicated calculations required for determining amounts of leave necessary to augment to full pay, timesheets and leave balances may be adjusted by payroll staff. If you are assigned to work remotely or in an assigned worksite, you may use EPSL in fifteen (15) minute increments to complete your timesheet.

