## **Emergency Family & Medical Leave Request Form**

## Guidance on what a timesheet should look like based on the selection(s) marked on the request form

Note: Emergency FMLA Leave is capped at \$200 day for Gross Wages and \$10,000 for Gross Wages in the aggregate (total gross wages that can be received through the duration of the EFML plan), as well as a twelve week cap that is combined with FMLA.

Each box below represents the first 3 checkboxes located in the middle of the approved EFML Request Form. If the box is checked on the Request Form, the employee should enter fields listed on the timesheet.

- ☑ I acknowledge the first 75 hours I use EFML is unpaid unless I choose to use available approved EPSL, accrued leave(s), or earned comp time. Enter:
  - TRC = OLV (with the appropriate number of hours)
    - FMLA Request = FMLA Request ID #
    - User Field 3 = **EPSL20**
  - If using accrued leave(s)
    - TRC = VAC, SICK, PER, CTKN (with the appropriate # of hours)
      - FMLA Request = FMLA Request ID #
      - User Field 3 = **HLTHER**
- After I have taken 75 hours of EFML (unpaid or using other leave(s)), additional EFML is paid at 2/3 pay rate, not to exceed \$200 daily and \$10,000 in the aggregate. Please use available leaves in the order stated on the EFML Request Form. (Number the leaves below 1-4 in the order you wish to have them applied.)
  - o If using **EFML** at 2/3 pay rate up to \$200 /day
    - TRC = **OLV** (with the appropriate number of hours)
      - FMLA Request = FMLA Request ID #
      - User Field 3 = **EFML20**
    - If my daily rate exceeds the \$200 daily rate and I choose to Augment, contact the payroll department for guidance
      - TRC = SICK, VAC, PER, CTKN (with the appropriate number of hours)
        - FMLA Request = FMLA Request ID #
          User Field 3 = HLTHER
    - If using accrued leave for VAC, SICK, PER, CTKN this is always paid at 100%
  - o If using **EPSL** at 2/3 pay rate up to \$200 / day
    - TRC = OLV (with the appropriate number of hours)
      - FMLA Request = FMLA Request ID #
      - User Field 3 = **EPSL20**
    - If my daily rate exceeds the \$200 daily rate and I choose to Augment, contact the payroll department for guidance
      - TRC = SICK, VAC, PER, CTKN (with the appropriate # of hours)
        - o FMLA Request = FMLA Request ID #
        - User Field 3 = HLTHER
- I choose NOT to apply any other leaves and will receive 2/3 of my pay (up to \$200 daily and \$2000 total) using EFML only.
  - If this box is checked on the form the SICK, VAC, PER, CTKN above will NOT be entered on the timesheet

## Calculation to Determine # of Hours to Augment to Receive 100% Pay

(for salary augmentation exceeding the daily rate – contact the payroll department for guidance)

- Multiply the total number of hours used for OLV by .3333
- Round result up to the nearest .25
- Enter rounded hours on timesheet with leave TRC (VAC, SICK, PER, CTKN)
  - Also enter User Field 3 = HLTHER
  - Example 1 full day of OLV
    - 7.50 OLV hours entered on timesheet
    - 7.50 x .3333 = 2.49
    - Round up to 2.50
    - Enter 2.50 on timesheet with leave TRC (SICK, VAC, PER, CTKN)
      - User Field 3 = HLTHER
  - Example 2 partial day of OLV
    - 3.0 OLV hours entered on timesheet
    - 3.0 x .3333 = .99
    - Round up to 1.0
    - Enter 1.0 on timesheet with leave TRC (SICK, VAC, PER, CTKN)
      - User Field 3 = HLTHER