



NEW MEXICO JUDICIAL BRANCH

Form No. 2020.NMJB.19

**GENERAL PERSONNEL POLICY AND PROCEDURE: Pandemic, Communicable Disease
Emergency, including the Coronavirus (COVID-19) Policy and Emergency Family Medical
Leave Expansion Act (E-FMLA)**

Section 11. Emergency Family Medical Leave Expansion Act (E-FMLA) Request Form

The Emergency Family Medical Leave Expansion Act (E-FMLA) may be used by eligible employees between April 1, 2020, and December 31, 2020, for an employee whose child requires care due to the closure of a day care facility, or public or private school due to the coronavirus (COVID-19). The E-FMLA amends the Family Medical Leave Act to provide for up to twelve (12) weeks of job-protected leave for employees who are unable to work and unable to telework because of a qualifying need related to a public health emergency as defined as: *Care for a son or daughter under 18 years old if the school or place of care for the child has been closed, or the child care provider of such son or daughter is unavailable due to a public health emergency.* Employees may take a maximum of twelve (12) weeks of FMLA including the Emergency Family and Medical Leave Expansion Act.

The first ten (10) days of leave under the E-FMLA are technically unpaid, but employees may use leave under the Emergency Paid Sick Leave Act. Therefore, to the extent that employees exhaust the 80 hours of Emergency Paid Sick Leave and are unable to work from home or telework, they may submit a request to their Administrative Authority for additional paid leave up to ten (10) weeks, through December 31, 2020, if they meet the following conditions:

- A. The employee is unable to telework and if at any point the employee becomes able to telework they must do so,
- B. The employee has been employed with the state of New Mexico for at least thirty (30) days, and
- C. The employee has a qualifying need related to a public health emergency and as defined by the E-FMLA.

To request E-FMLA please complete the pertinent sections of this form and return through your chain of command to the AOC HR Director. May be submitted in conjunction with the Emergency Paid Sick Leave Request Form.

Judicial Entity Information

Judicial Entity: _____ **Requested By:** _____

Employee & Proposed Information

Employee: _____ **Pay Rate:** _____

Job Classification: _____ **Hire Date:** _____

Hours being requested: _____

Intermittent: YES NO

Not to go beyond December 31, 2020.

Is employee requesting Emergency Paid Sick Leave for the first two weeks of unpaid E-FMLA?

[If Emergency Paid Sick Leave has already been used employee may opt to use their own accrued leave]

What is the qualifying reason for the request?



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Qualifying need related to a public health emergency as defined in E-FMLA, means that the employee is unable to telework due to a need to care for their son or daughter under 18 years of age if the son or daughter’s school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to the public health emergency.

Why is the employee unable to telework?

Is the employee able to telework part-time?

Has the employee been employed with the state of New Mexico for at least thirty (30) days?

If for school closure, what are the ages of the children, and what is the name of the school or day care?

Are other family members available part-time or otherwise to assist the employee?

TO BE COMPLETED BY EMPLOYEE

Employee Signature:
(Print & Sign)

Date:

I certify that I cannot telework.

Employee signature certifies the accuracy of the request, and acknowledgement of the requirement to telework full-time or intermittent when able to do so.

TO BE COMPLETED BY JUDICIAL ENTITY ADMINISTRATIVE AUTHORITY & HR

Administrative Authority Requesting:
(Print & Sign)

Date:

Recommendation:

Approve as Submitted: YES NO **Approve as revised:** YES NO

Recommended Revisions:

Human Resources Professional:
(Print & Sign)

Signatures certify that telework has been offered, and Judicial Entity will work with employee seeking telework options during the public health emergency.

TO BE COMPLETED BY AOC HRD & ERT

Received By:
(Print & Sign)

Date Received:

Recommendation:

Approve as Submitted: YES NO **Approve as Revised:** YES NO

Recommended Revisions:



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Internal AOC HRD Use Only

TOTAL COSTS FOR POSSIBLE FEDERAL REIMBURSEMENT

[Attached copies of pay disbursement]

CC: Employee Personnel File, Payroll File, AOC HRD Coronavirus (COVID-19) File