

How to request Emergency Family & Medical Leave Expansion Act (EFMLEA) and/or Emergency Paid Sick Leave Act (EPSLA)

FMLASource will be administering EFMLEA and EPSLA for Walworth County eligible employees

If you need to apply, contact FMLASource:

Website: www.fmlasource.com

Phone: 1-877-GO2-FMLA (877-462-3652)

Fax: 1-877-309-0218

E-mail: FMLACenter@FMLASource.com

New User at FMLASource.com?

All you need is your Employee Number & home zip code

Go to www.fmlasource.com

Click on "Register"

Fill in the requested information. You will be prompted to establish a username and password customized to you.

To assist you with applying through FMLASource you should be prepared with this information:

Type of Leave Requested, to be noted after selecting "Other" for self or family member:

- Emergency Paid Sick Leave** (Maximum available: Equivalent to two weeks)
Number of days anticipated: _____ Beginning Date: _____ End Date: _____
- Emergency Family & Medical Leave Expansion*** (unable to work due to child's school/daycare closure)
Number of days anticipated: _____ Beginning Date: _____ End Date: _____

**Please note that EFMLEA is part of an employee's annual 12 week available family medical leave*

Are you unable to telework? Have you verified this with your supervisor?

If you are requesting intermittent leave please provide a mutually agreed upon schedule with your supervisor to Human Resources prior to the approval of your leave.

Reason for Leave Request (Documentation for each reason below should be provided to FMLASource)

- Federal, State, or local quarantine or isolation order related to coronavirus
 - Name of organization/medical provider: _____
- I've been advised by health care provider to self-quarantine due to coronavirus
 - Submit Medical Provider's documentation: _____
- I'm experiencing symptoms of coronavirus
 - Contacted organization/medical provider: _____
- To care for an individual who is subject to an order to quarantine or isolate
 - Name of organization/medical provider: _____
- I'm experiencing a substantially similar condition as specified by Secretary of HHS
 - Contacted organization/medical provider: _____
- To care for my child because the school is closed or childcare provider is unavailable due to coronavirus
 - I certify that my child's school/day care has been temporarily closed due to COVID-19.
 - Name of school or day care: _____



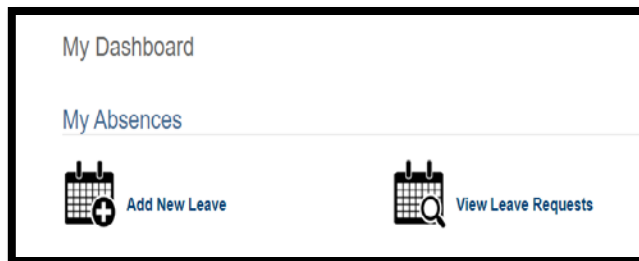
STEP-BY-STEP: How to Apply

1. Log in



The screenshot shows the FMLASource login interface. At the top left is the FMLASource logo. Below it is a "Log In" link. The main area features a photograph of two people in an office setting. To the right of the photo is a "LOG IN" section with fields for "User Name" and "Password", a "Log In" button, and links for "Register", "I forgot my username", "I forgot my password", and "Español". At the bottom left of the page, it says "Welcome to FMLASource®".

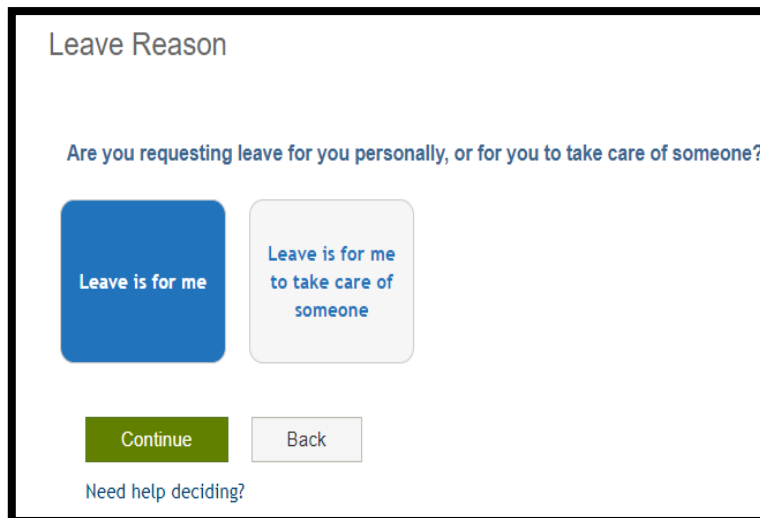
2. Click "Add New Leave"



The screenshot shows a user dashboard. At the top is "My Dashboard". Below that is "My Absences". There are two main buttons: "Add New Leave" with a calendar icon and a plus sign, and "View Leave Requests" with a calendar icon and a magnifying glass.

3. Verify personal information and work schedule

4. Select "Leave is for me" or "Leave is for me to take care of someone":



The screenshot shows the "Leave Reason" selection screen. The title is "Leave Reason". Below the title is the question: "Are you requesting leave for you personally, or for you to take care of someone?". There are two buttons: a blue button labeled "Leave is for me" and a light gray button labeled "Leave is for me to take care of someone". Below these buttons are two more buttons: a green "Continue" button and a light gray "Back" button. At the bottom, there is a link that says "Need help deciding?".

5. IF for yourself, select **“Personal medical condition”**:

The screenshot shows a web form titled "Leave Reason". Below the title is the question "What is the reason for your leave?". There are three buttons: "Personal medical condition" (highlighted in blue), "Pregnancy", and "Another personal leave reason or child bonding". At the bottom, there are "Continue" and "Back" buttons, and a link that says "Need help deciding?".

IF for family member, select **“Sick or injured family member (Non-military related)”** for your family member.

The screenshot shows a web form titled "Leave Reason". Below the title is the question "What is the reason for your leave?". There are four buttons: "Sick or injured family member (Non-military related)", "Ill or injured service member", "Newborn, adopted or foster care child", and "Qualifying exigency (Need arising from family member's military service)". At the bottom, there are "Continue" and "Back" buttons, and a link that says "Need help deciding?".

6. Select the reason for your leave as **“Other”**:

The screenshot shows a web form titled "Leave Reason". Below the title is the question "What type of personal medical condition?". There is a grid of 30 buttons representing various medical conditions: Accident, Acute Sinusitis / Allergies, Arthritis, Asthma / COPD, Back Injury, Broken Bone, Bronchitis, Cancer, Carpal Tunnel Syndrome, Chronic Back Condition, Dementia, Depression / Anxiety, Diabetes, Fibromyalgia, Flu, Heart Attack, Heart Condition, Hernia, Hip Replacement, Hospitalization, Hypertension, Kidney Stones, Knee Injury, Lupus, Mental Health, Migraines, Neck / Shoulder Injury, Pneumonia, Seizures, Shingles, Stroke, Surgery, Vertigo, Other (highlighted in blue), and I decline to identify. At the bottom, there are "Continue" and "Back" buttons.

7. Answer questions about *yourself* or *your family member* who you are taking the leave for making sure to put **COVID-19** and **EPSLA** and **EFMLEA** in the “*Conditions Details*” box. Also, if taking for yourself, select “no” for workers’ compensation:

Leave Reason Details

Please enter details about your leave.

Leave Condition Other

Condition Details

Is this workers' compensation related? *

Leave Reason Details

Please enter details about your leave.

Leave Condition Other

Patient's Relationship to You *

Patient's Name *

Patient's Date of Birth

Condition Details

8. Answer questions about your medical provider

9. Answer questions on leave frequency

Leave Frequency

How often will you be out on leave?

Need help deciding?



10. Answer questions on the duration of your leave

11. Confirm all your answers

