

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE REQUEST FORM

SECTION 1: Employee Information	
Employee Name:	
Employee Hire Date:	Department:
Main Phone Number:	Email Address:
I <input type="checkbox"/> have or <input type="checkbox"/> have not taken Family Medical Leave in the preceding twelve (12) months	
Anticipated Leave Begin Date:	Anticipated Leave End Date:
Section A. The Emergency Paid Sick Leave Act requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from the effective date through December 31, 2020.	
I am unable to work or telecommute for the following reason(s) (Check all that apply):	
1. <input type="checkbox"/> Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19 (Complete Section A only) Name of Government Entity that issued the order: _____	
2. <input type="checkbox"/> Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (Complete Section A only) Name of health care provider that advised the self-quarantine: _____	
3. <input type="checkbox"/> Employee is experiencing COVID-19 symptoms and actively seeking a medical diagnosis (Complete Section A only)	
4. <input type="checkbox"/> Employee is caring for an individual who is subject to an order as described in reason 1 or 2 above (Complete Section A only) Name of Government Entity or health care provider issuing order: _____	
5. <input type="checkbox"/> Employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 and attest that there is no other suitable person to care for my child(ren) during the period of requested leave. (Complete Sections A and B) Name/address of school or place of care closed: _____ Number of Children: _____ Age of Oldest: _____ Age of youngest: _____	
<i>For children needing care 15 and older ONLY: Please provide documentation indicating what special circumstances exist that require you to provide care for a child aged 15 and older during daylight hours and that make you unable to work or telework. This documentation must be submitted as a separate attachment to this application. You may contact Human Resources for direction regarding documentation that fulfills this requirement.</i>	
6. <input type="checkbox"/> The employee is experiencing any other substantially similar conditions specified by HHS in consultation with the Secretary of the Treasury and Secretary of Labor (Complete Section A only)	
Section A: Teleworking*:	
1. Are you able to telework intermittently while on leave? <input type="checkbox"/> No <input type="checkbox"/> Yes, I plan on teleworking _____ hours per week.	
2. Are you able to work intermittently at your worksite while on leave? <input type="checkbox"/> No <input type="checkbox"/> Yes, I plan on working at my worksite _____ hours per week.	
*Teleworking means performing functions of your job remotely from a location other than your physical worksite	

Section B: The Emergency Family and Medical Leave Expansion Act (EFMLEA) Division of the FFCRA entitles employees who have worked at least 30 calendar days prior to the start of their leave period and who are caring for their child 1) due to a COVID-19-related closure of the child's school or place of care or 2) the unavailability of the child's care provider due to COVID-19. **Employees who have previously used FMLA for a non-COVID-19-related condition will have the time available under this Act reduced by the FMLA hours already used during their current FMLA year.**

Employees are entitled to up to 12 weeks of protected leave under the Act. The first 2 weeks (typically 10 work days) of protected leave will be unpaid; however, employees may substitute their own paid leave accruals in lieu of taking unpaid time off. After the first 2 weeks of protected leave, the employee will be eligible for pay from the City equal to 2/3 of the employee's regular rate of pay for the remainder of the available FMLA leave period associated with the qualifying COVID-19-related reason; however, pay will not exceed an aggregate cap of \$10,000 per employee.

1. During the first two weeks of unpaid leave used for child care purposes, I would like to use the following to the extent that my accrual balances are still available: *(Please rank in the order you would like this time to be taken)*

A. _____ Yes, I want to substitute paid leave for unpaid leave in this order:

- _____ Emergency Paid Leave
- _____ Vacation
- _____ Floating Holiday
- _____ Comp Time
- _____ Sick Time

B. _____ No, I do not want to substitute paid leave. My two weeks will be unpaid.

2. After the first two weeks of leave used for child care purposes, the City pays you 2/3 of your regular pay for a maximum of 10 weeks. This 2/3 of your regular pay may be reduced, or stopped, if you have already taken FMLA leave for another reason or if you reach the maximum limit of \$10,000 total reimbursement. You are able to add 1/3 of any paid leave you have available to the 2/3 of paid City leave so you can continue to receive the equivalent of 100% of your current regular biweekly pay, to the extent you have accrued leave balances available:

_____ *I understand that I will be receiving 2/3 of my regular pay after the first two weeks of leave.*

_____ *I want to supplement my accrued leave balances in order to receive 100% of my current regular bi-weekly pay. I agree the City will use my accrued leave in the following order until exhausted: Emergency Paid Leave (EPL), Floating Holiday, Vacation, Sick Leave, and Absence Without Pay (AWOP).*

By my signature below, I authorize the appointing authority, of their designee, to obtain any necessary information such as the reason for the leave (COVID or child care) in order to administer the leave under the Families First Coronavirus Response Act and substitute my accrued leave for unpaid leave; and I attest that I am unable to work or telecommute because of a qualifying COVID-19-related reason and understand falsification may result in disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Employer Use Only

Federal FMLA time used in the last year:

Anniversary date: _____

FMLA used since Anniversary date: _____

Leave Request is Approved for _____

Leave Request is Denied due to _____

Authorizing Signature: _____ Date: _____