



REQUEST FOR FAMILY AND MEDICAL LEAVE ACT EXPANSION LEAVE

To be completed by the employee requesting FMLA Expansion Leave.

Requested Leave Start Date: _____ **Estimated End Date:** _____

During my leave, I can be reached at:

_____ Email Address Telephone Number

_____ I will take continuous leave

_____ I will take intermittent leave and work half of my regularly scheduled hours

Eligibility for Leave: To be eligible for Family and Medical Act Expansion Leave, employee must have worked for the City for thirty (30) days and be unable to work or telework due to the need to care for the employee’s minor child(ren) whose school or place of care has been closed (or whose childcare provider is unavailable) arising out of a public health emergency caused by COVID-19.

Pay Status: The first ten (10) days or two weeks of this leave are unpaid, but employees have the option to substitute pay with Emergency Paid Sick Leave (EPSL) and can apply separately for this leave. In addition, employees may use accrued leaves to supplement this leave in order to receive a full paycheck.

Following the first ten (10) days, eligible employees receive 2/3 of their regular rate of pay up to the cap of \$200/day. Regarding usage of other available forms of paid leave during Emergency Family and Medical Leave, please complete the following:

_____ During the first ten (10) days of leave (through _____), I wish to use all available hours of Emergency Paid Sick Leave. Date

_____ I do not wish to use all available hours of Emergency Paid Sick Leave.

_____ I have already exhausted Emergency Paid Sick Leave.

Where EPSL has been exhausted, I chose to use accruals in the order provided on the following page.

_____ Following the first ten (10) days (after _____), I would like to supplement my 2/3 pay with available leaves in order to receive my regular, full paycheck. If you would like to supplement your paycheck, indicate which order (1 to 5) you would like to use your available balances. If nothing is noted, the leaves will be used in the following order: 1) administrative leave, 2) floating holiday, 3) compensatory time off, 4) vacation, 5) sick. A pro-rated amount of leave will be applied to equal 100% of employee's pay.

Order of Use	Leave if Available
	Administrative Leave
	Floating Holiday
	Compensatory Time Off
	Vacation
	Sick

_____ I do not wish to supplement my 2/3 pay with any forms of available paid leave and understand that EFMLA will not be supplemented, and will only receive pay at the 2/3 rate up to applicable cap.

Employee Certification:

I _____, certify that beginning on _____ (April 1, 2020 or later) I have a child who is under the age of 18, whose school or place of care has been closed, or whose child care provider is unavailable due to COVID- 19 emergency declared by either a Federal, State, or local authority. Due to the need to care for my child, I am unable to work (or telework). I understand that if my childcare needs change, I must immediately inform my supervisor and the City and I may be directed to report back to work (or telework).

- I have included documentation to support my request. *Examples of acceptable supporting documentation include: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.*

Signature

Date

Human Resources

Date