

# CITY OF SAINT PETER

## Employee Request for Public Health Emergency Leave

4/1/2020

For Employees to Request Public Health Emergency Leave under the Families First Coronavirus Response Act ("FFCRA")

Effective April 1, 2020, despite the city having work available for you, if you are unable to work, or telework because you are caring for your minor child whose school or child care provider is closed or unavailable due to the COVID-19 pandemic, you may be eligible for a partially paid leave of absence through the Public Health Emergency Leave. This expanded Family Medical Leave is scheduled to expire on December 31, 2020 under the FFCRA.

If eligible, you may take up to 12 weeks of leave for this reason (providing you have not already exhausted the "traditional" FMLA you may entitled to throughout the 12-month period). Pursuant to federal law, the first two weeks of leave are unpaid, but you may use your accrued vacation/PTO balances, accrued comp. time, or Emergency Paid Sick Leave (should you be eligible) during those initial two weeks.

To be eligible for this expanded FMLA leave, you must:

- have worked for the city for at least 30 days (i.e., for an eligible employee requesting leave on April 1, the employee would have to be on the city's payroll as of March 2, 2020);
- be unable to work or telework because you are caring for your minor child since your child's school or daycare closed or your childcare is unavailable due to COVID-19; and
- there is no other suitable person available to care for your child/children during the period of leave.

**Employee Name:**

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I certify I am unable to work or telework at this time due to the need to care for my minor child/children who do not have school or child care due to the COVID-19 pandemic. This situation makes me:

Completely unable to work my normal schedule.

Dates of leave requested:

From (date): \_\_\_\_\_ to (date): \_\_\_\_\_

Able to work only a portion of my normal schedule. (*Please describe the hours you are able to work on a separate piece of paper and attach. This will be reviewed with your supervisor and a response provided as to whether the City can reasonably accommodate the requested schedule.*)

**Child / Children I must care for:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Employee:

\_\_\_\_\_

Name and City of School or Child Care Center/Provider the child is enrolled at:

\_\_\_\_\_

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Employee:

\_\_\_\_\_

Name and City of School or Child Care Center/Provider the child is enrolled at:

\_\_\_\_\_

.....

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Employee:

\_\_\_\_\_

Name and City of School or Child Care Center/Provider the child is enrolled at:

\_\_\_\_\_



*Please Note: With the care of a child older than 14 during daylight hours, you must include a statement that special circumstances exist requiring the employee to provide care.*

\_\_\_\_\_

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**For my Public Health Emergency Leave, I elect one of the following:**

- I wish to use my accrued city leave balances to supplement any of the payments made to me at the 2/3 pay rate, so I may receive my typical paycheck.
- I do not wish to use accrued city leave balances to supplement my 2/3 pay rate.

- I certify that the above information is true and accurate to the best of my knowledge.
- I understand pursuant to federal regulations, payments made to employees taking paid leave pursuant to the FFCRA are not subject to the employer portion of the OASDI tax imposed by Section 3111(a) of the IRS Code, which is also known as the social security tax.
- I further certify that no other suitable person is available to care for the child(ren) during this period of time.

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Employee Signature

Date

**NOTICE TO EMPLOYEES:**

- Employees qualifying for expanded FMLA leave due to school or child-care closures will be paid for two-thirds of their normal wage for the work hours missed, up to a maximum of \$200/day.
- The maximum hours available for regular part-time employees will be determined by normally scheduled hours. For example, a part-time employee who is scheduled to work 25 hours per week would be eligible for two-thirds of their normal wage for those hours, up to the maximum of \$200/day.
- The maximum hours available for limited part-time, temp and seasonal employees will be determined by calculating the average hours worked over the last six months to calculate the average daily hours.
- Prior to being eligible for this paid time-off benefit, employees must first take two weeks of time off to care for their child/children whose school or child care is closed due to the COVID-19 pandemic. This initial two weeks of time off shall be unpaid, in some cases paid through Emergency Paid Sick Leave, or paid through the use of some other form of employer provided accrued leave.
- The use of FMLA leave for this purpose counts towards an employee's total FMLA leave eligibility of 12 weeks per 12-month period.