

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

APRIL 1 – DECEMBER 31, 2020

REQUEST FOR COVID-19 LEAVE

Name: _____ Department: _____

Date: _____ Employee Number: _____

EMERGENCY PAID SICK LEAVE

Up to two weeks of paid sick leave at regular rate, FT=80 hours, PT=average number of hours in two weeks.

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to Covid-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to Covid-19.
3. The employee is experiencing symptoms of Covid-19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to a quarantine or isolation order as described in #1 above, or has been advised as described in #2, above.
5. The employee is caring for a son or daughter whose school or place of care has been closed, or the child care provider is unavailable, due to Covid-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

#1-3: Regular rate of pay with a \$511/day max.

#4-6: 2/3 of usual pay rate with a \$200/day max.

_____ **Emergency Paid Sick Leave** _____ **# of hours**

_____ **Reason # (from above 1-6)**

EMERGENCY FAMILY & MEDICAL LEAVE EXPANSION ACT (EFMLEA)

Up to 12 weeks of job protected leave (first ten days may be Emergency Paid Sick Leave), Emergency leave is no less than 2/3 of usual pay rate (max \$200/day, \$10,000 total). Employee must be unable to work or telework due to a need to care for the son or daughter under 18 years of age because the child's school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency. **Must provide advance notice.** Employee must have been on the job for at least 30 days.

- 1) Need to care for the son/daughter under 18 years of age because the child's school or place of care has been closed due to a public health emergency
- 2) The child care provider of such son or daughter is unavailable, due to a public health emergency

_____ **EFMLEA Leave** _____ **# of hours**

_____ **Unable to work or telework due to (1 or 2)**

Leave dates: _____, 2020, through _____, 2020

I will be requesting to use existing paid vacation, sick, etc. from City leave policy to supplement the 2/3 EFMLEA pay. _____ (yes or no). If yes, please complete a separate 'Request for Leave' form (sick, vacation, etc.) for the 1/3 hours.

A public health emergency is defined to mean an emergency with respect to Covid-19 declared by a Federal, State, or local authority.

Date: _____ Approved: _____ Denied: _____ _____
Supervisor Signature

Date: _____ Approved: _____ Denied: _____ _____
Department Director Signature

Date: _____ Approved: _____ Denied: _____ _____
City Administrator Signature

Comment:

