



EMPLOYEE INFORMATION

Name: Employee ID #: Phone:

Department: Division:

REASON FOR LEAVE REQUEST & ABSENCE DATES

Child(ren)'s School/Childcare Closure/Unavailability Absence Dates: From: To:

PAY STATUS DURING THE LEAVE:

The first 2 weeks of Emergency Expanded FMLA is unpaid. Employees may choose to receive pay through the use of AVAILABLE PAID LEAVE HOURS. Indicate your election for the first 2 weeks of Emergency Expanded FMLA:

- USE AVAILABLE PAID LEAVE HOURS IN THE ORDER SPECIFIED BELOW
NOT USE ANY FORM OF AVAILABLE PAID LEAVE HOURS LEAVE AND GO INTO AN UNPAID STATUS. Please note going into an unpaid status can have certain consequences such as the requirement to pay for the employee's share of health benefits out of pocket and the lack of accrual of additional leave

Please identify the number of hours you wish to use AND the priority in which you wish to use your hours. For example, for two weeks off you can enter 40 hours vacation and 40 hours of Comp time. Put a #1 priority for Vacation and #2 priority for Comp Time. By "prioritizing" you will exhaust all time in the order preferred, if applicable. Please feel free to call your Payroll Specialist for assistance.

Table with 8 columns: Code, Description, Hours, Priority, Code, Description, Hours, Priority. Rows include Emergency Paid Sick Leave, Vacation Hours, Sick Leave, Comp/Admin Hours, Leave w/o Pay, and Holiday Hours.

The remaining period of Emergency Expanded FMLA (up to 10 additional weeks) is paid at 2/3's of your regular rate of pay with a maximum of \$200 per day. Employees may choose to supplement this amount with available paid leave hours in order to receive full pay. Note: For some employees, Federal Emergency Paid Sick Leave also has a daily cap on compensation and employees may wish to use other available paid leave hours to supplement such amounts.

- TO USE AVAILABLE PAID LEAVE HOURS TO SUPPLEMENT THE DAILY PAY CAPS IN THE FFCRA IN THE ORDER SPECIFIED BELOW
TO NOT USE ANY FORM OF AVAILABLE PAID LEAVE HOURS TO SUPPLEMENT THE DAILY PAY CAPS IN THE FFCRA

Please identify the number of hours you wish to use AND the priority in which you wish to use your hours.

Table with 8 columns: Code, Description, Hours, Priority, Code, Description, Hours, Priority. Rows include Emergency Paid Sick Leave, Vacation Hours, Sick Leave, Comp/Admin Hours, Leave w/o Pay, and Holiday Hours.

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMERGENCY EXPANDED FMLA (COVID-19) FORM.

I UNDERSTAND THAT LEAVE TAKEN AS A RESULT OF THE COVID-19 PUBLIC HEALTH CRISIS FOR WHICH I RECEIVE PAID LEAVE UNDER THE FFCRA OR COUNTY POLICY WILL BE COUNTED AGAINST MY ENTITLEMENTS. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Signature: Date: