City of SACRAMENTO

EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FORM
(Effective April 1, 2020 – December 31, 2020)

EMPLOYEE INFORMATION			
Employee Name:	**Employee ID:**	**Dept. ID:**	**Department/Division:**

LEAVE INFORMATION

Reason:

☐Child Care Provider unavailable

☐Daycare Closure

☐School Closure

Required Information:

Name of Child:

Name of School:

Name of Daycare or Child Care Provider:

By signing this document, you are acknowledging that there is no other suitable person available to care for your child.

Documentation Required:

☐Email from school or daycare provider

☐Website (screenshot of closure)

☐Newspaper Article

☐Other

Start Date:

End Date:

Intermittent: ☐ Yes ☐ No

Intermittent requests require approval from your Director or department designee.

SUPPLEMENTING PAY WITH LEAVE ACCRUALS

Pursuant to the Emergency Family Medical Leave Expansion Act, eligible employees will receive unpaid leave for the first two weeks. During these two weeks, employees can elect to use any of their available leave accruals (i.e. vacation, sick leave, holiday accrued, holiday earned, CTO, or Paid Sick Leave). *After the first two weeks, employees will receive up to two-thirds of their regular rate of pay for up to ten weeks. Employees can elect to supplement with any of their available leave accruals.

☐Yes, I would like to supplement my leave.

Please indicate the leave accruals you would like to use during your leave:

☐Vacation ☐Holiday Earned ☐Other

☐Sick ☐CTO

☐Holiday Accrued ☐ATO

☐No, I do not wish to supplement my leave using my available leave accruals.

PLEASE REVIEW IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS FORM PRIOR TO SIGNING.

Employee Signature: **Date:**

PERSONNEL ACTION – PAR PROCESSOR (Name, Signature, Title and Date)

Reviewed By (Name):		Signature:	
Title:		Date:	

HR LEAVE ADMINISTRATION

Approved By:		Date:	

THE INFORMATION PROVIDED BELOW IS IMPORTANT.

PLEASE BE SURE TO READ CAREFULLY!

The Families First Coronavirus Response Act is new federal legislation requiring certain employers to provide their employees with paid sick and/or expanded family and medical leave for specified reasons related to COVID-19. This form is a request for leave under the Expanded Family and Medical Leave Act (EFMLA), which allows a qualifying employee to care for their child who is under 18 years of age or who is 18 years of age or older and incapable of self-care because of a mental or physical disability whose school or place of care has been closed, or the child-care provider of such child is unavailable, due to reasons related to COVID-19. The employee must provide day-to-day responsibilities to care for or financially support a child.

Leaves of Absences for the Expanded Family and Medical Leave Act must be reported to the Department of Human Resources as soon as feasible. It is your responsibility to submit requests for leave with proper documentation, or extensions for leave, as soon as the need is known. It is the department's responsibility to report leaves promptly to the Department of Human Resources.

Employees may take up to a total of 12 weeks of job-protected leave for FMLA or expanded family and medical leave reasons during a 12-month period. Eligibility for expanded family and medical leave depends on how much FMLA leave an employee has already taken in the preceding 12-month period. If an employee has taken some, but not all, 12 weeks of leave under FMLA during the past 12-month period, the employee may take the remaining portion of leave available. If an employee has already taken 12 weeks of FMLA leave during this 12-month period, the employee may not take additional expanded family and medical leave. Any employee with questions regarding their available FMLA leave balances should contact their Department.

You are required to submit documentation for your Expanded Family and Medical leave request. This includes the *Employee Self-Certification of School or Daycare Closure* and a copy of a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or daycare website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

The City will continue health and welfare benefit contributions during your leave under the Expanded Family and Medical Leave Act. Employees are responsible for their out-of-pocket costs for health insurance premium contributions associated with their health insurance plan(s). For information on EFMLA, or other applicable laws, please contact the Department of Human Resources, Citywide Leave Administrator at (916) 808-5731.

You must contact your department before your leave expires either to make arrangements to return to work or to request an extension of leave. Generally, employees who take FMLA leave are able to return to the same position or a position with equivalent status, pay, benefits, and other employment terms.

If you have any questions, please refer to the Families First Coronavirus Response Act FAQs or contact the Department of Human Resources, Leave Administration Unit at loarequest@cityofsacramento.org or (916) 808-5731.