

Application for Leave Under the Family and Medical Leave Expansion Act (FMLEA)

Leave under the Family and Medical Leave Expansion Act is available for employees who have at least one child under 18 years old whose school or daycare was closed as a result of a public health emergency and are unable to work a modified schedule.

Please note this leave type is not available for Sworn Police Department personnel, Sworn Fire Department personnel, and all certified water plant operators assigned to work at the City's Water Plant since those individuals are classified as first responders.

Eligible employees must have been employed with The City for at least 30 calendar days. Any leave under the FMLEA does also count towards leave under the FMLA. As a reminder, the FMLA allows for up to 12 weeks of leave in a rolling calendar year. Therefore, any time approved under the FMLEA would count toward that rolling 12 week period.

This request for leave beginning on _____ and ending on _____
is for (print name) _____.

Please list your child or children below along with their date of birth and school or daycare name(s).

Child Name	Birthdate	School/Daycare Name	Date Scheduled to Reopen
Child Name	Birthdate	School/Daycare Name	Date Scheduled to Reopen
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Please confirm the statement below and briefly summarize on the following page.

- I certify that I am the only suitable person available to care for my child(ren) during the requested leave period.”

Please check the appropriate box below regarding how you wish to be paid during your first two weeks (10 work days) of leave.

- Emergency Paid Sick Leave - $\frac{2}{3}$ my regular rate of pay up to \$200 per day and capped at \$2,000 total
- Paid from accrued leave - please select leave type(s) **(Sick Time is not eligible for use)**
- Vacation Personal Comp Time Other _____
- Unpaid Time (only available if other benefit time has been exhausted)

Please check the box stating that you understand how your leave after the initial two weeks will be paid.

- I understand that, if approved, any time after the initial two weeks will be paid per the FMLEA which means I will receive $\frac{2}{3}$ of my regular rate of pay up to at \$200 per day and capped at \$10,000 total.

I verify that the information provided is accurate and complete to the best of knowledge and belief. I understand that any intentional misrepresentation is grounds for denial of benefits and could serve as the basis for disciplinary action. I also acknowledge an ongoing obligation to update the information provided above by promptly submitting to Human Resources any new information bearing on my ability to work and need for leave.

Finally, I confirm that I have read and understand this form in its entirety.

Signature: _____ Date: _____