



Request for Emergency Family Medical Leave Expansion Act (“EFMLEA”) Leave under the Families First Coronavirus Response Act (“FFCRA”)

Please complete the following request form and submit to the Human Resources Department **as soon as possible** before leave commences. Email all requests to mandi.carter@cityofcharleston.org or via fax to **(304) 348-8055**. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave **must be included with this request**, as described in the City of Charleston’s *Families First Coronavirus Response Act: FMLA and Emergency Paid Sick Leave Policy (non-Emergency Responders)*.

Employee Name (print clearly): _____

Mailing Address: _____

Phone #: _____

Email Address (best one at which you can be reached): _____

Department: _____ Department Head/Supervisor: _____

This is a New request for leave Request for an extension of leave

Requested Leave Start Date: _____ Estimated End Date : _____

The amount of Expanded Family Medical Leave being requested is _____ hours.

[Optional: I wish to take intermittent leave during the following days and hours:]

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

I am requesting this Expanded Family Medical Leave due to my inability to work (or telework) due to a need to care for my child because his or her school or place of care has been closed, or his or her regular childcare provider is unavailable due to a public health emergency with respect to COVID-19.

I attest that no other suitable person is available to care for my child during the period of requested leave.

Name of child being cared for: _____

Name of School, place of care or childcare provider that closed or became unavailable due to coronavirus reasons: _____

PAGE 2: Request for Emergency Family Medical Leave Expansion Act (“EFMLEA”) Leave under the Families First Coronavirus Response Act (“FFCRA”)

Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however you may be eligible for Emergency Paid Sick Leave (“EPSL”) under the FFCRA. In the event you are not eligible for EPSL, you are permitted to use available paid leave to cover this period. Please indicate if you would like to use paid leave during the first 10 days of your absence (if you are not eligible for EPSL) and how many hours you intend to use.

Sick leave (_____ number of hours)

Vacation leave (_____ number of hours)

Employee Acknowledgement

I have been employed by the City of Charleston for at least 30 calendar days preceding this request.

I acknowledge that by signing this form that all statements, including but not limited to my assertion that I cannot telework, are true and will be subject to discipline up to and including termination if information is found to be false.

I have attached documentation supporting my need for leave.

At the conclusion of any approved Expanded Family Medical Leave, I am electing to use:

any sick leave balance accruals, followed by vacation accruals

unpaid leave

I agree to contact the HR Department at (304) 348-8015 or via email at mandi.carter@cityofcharleston.org to provide updates of *any* changes in my leave status or leave usage changes.

Employee Signature _____

Date _____

HR Director/Assistant Director _____

Date _____

INTERNAL USE ONLY

Date Completed Request Received by HR: _____

Valid documentation provided verifying eligibility of EFMLEA: Yes No

If not provided, date of HR follow-up with requesting employee _____

Approved: Yes No

EFMLEA start date: _____

EFMLEA end date: _____

If not approved, reason for denial of leave: _____