



City of Cupertino

Request for FMLA Public Health Emergency Leave

Employee Name _____ Date of Request _____

Department _____ Position Title _____

Hire Date _____

Employee Signature _____

I am requesting (check one or both):

_____ Family and Medical Leave Act Public Health Emergency Leave ("EFMLA")

_____ Emergency Paid Sick Leave ("EPSL")

Please include a statement of the COVID-19 related reason you are requesting leave and written support for such reason; and

Please include a statement why you are unable to work, including by means of telework, for such reason.

In the case of a leave request based on a quarantine order or self-quarantine advice, please include a statement which includes:

1. The name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and,

2. If the person subject to quarantine or advised to self-quarantine is not the employee, that person's name and relation to the employee.

In the case of a leave request based on a school closing or child care provider unavailability, please include a statement which includes:

1. The name and age of the child (or children) to be cared for

2. The name of the school that has closed or place of care that is unavailable

3. A representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave

4. With respect to the employee's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

If approved for EFMLA, the first 10 days of this leave are unpaid but you have the option to substitute your pay during those 10 days with any available accrued vacation personal, sick, or EPSL.

If you are requesting EFMLA and want to substitute your pay for the first 10 days with EPSL, check both options above and complete both Sections of this form.

If you are requesting EFMLA and want to substitute your pay for the first 10 days with leave other than EPSL, complete Section One of this form and request the vacation, personal, or sick leave as you would normally.

SECTION ONE: REQUEST FOR EFMLA

I am requesting EFMLA for the following reason (check one):

_____ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because my son or daughter's school or place of care has been closed due to a public health emergency.

_____ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because the child care provider of my son or daughter is unavailable due to a public health emergency.

I am requesting EFMLA begin on _____, 2020.

I expect to use EFMLA until _____, 2020.

I am requesting to take EFMLA on an intermittent basis: _____
Yes No

I am requesting to take EFMLA on an intermittent basis as follows:

_____.

I am requesting to take EFMLA on an intermittent basis for the following reason(s):

_____.

I acknowledge that I may be denied EFMLA or may be not granted the entirety of EFMLA requested if I have already previously used all or a portion of FMLA leave.

Employee Signature

I acknowledge that if approved for EFMLA that the first 10 days of EFMLA are unpaid but that I have the option to substitute my pay during those 10 days with any available accrued vacation personal, sick, or EPSL I may have.

Employee Signature

I acknowledge that I will not be approved for EFMLA without a submitting documentation supporting the need to take EFMLA. I am submitting with this request a true and correct copy of documentation in support of my need to take EFMLA. I also acknowledge that I may also have to submit certifications related to my need to take EFMLA

Employee Signature

NOTE: Examples of acceptable supporting documentation include the following: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

SECTION TWO: REQUEST FOR EPSL

I am requesting EPSL because I am unable to work or telework because of the following reason:

- _____ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- _____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- _____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- _____ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- _____ I am caring for a son or daughter whose school or place of care has been closed, or whose child care provider is unavailable, due to COVID-19 precautions.
- _____ I am 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.

I am requesting EPSL begin on _____, 2020.

I expect to use EPSL until _____, 2020.

I am requesting to take EPSL on an intermittent basis:
Yes No

I am requesting to take EPSL on an intermittent basis as follows:
 _____.

I am requesting to take EPSL on an intermittent basis for the following reason(s):

 _____.

I acknowledge that I will not be approved for EPSL without a submitting documentation supporting the need to take EPSLA. I am submitting with this request a true and correct copy of documentation in support of my need to take EPSL. I also acknowledge that I may also have to submit certifications related to my need to take EPSL.

Employee Signature

NOTE: Examples of acceptable supporting documentation will vary depending on the reason for EPSL. A reference to the applicable Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 are examples of acceptable documentation. If EPSL is related to the need to care for a son or daughter, acceptable documentation includes a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

FOR HUMAN RESOURCES USE:

Date: _____

Request for EFMLA Approved:

Yes No

Dates of Approved EFMLA:

Request for EPSL Approved:

Yes No

Dates of Approved EFMLA:

NOTES:

Human Resources Manager or Designee Name

Signature of Human Resources Manager or Designee Name