



City of Cupertino

Request for Public Health Emergency Leave

(Emergency Family and Medical Leave Expansion Act and/or Emergency Paid Sick Leave Act)

PLEASE COMPLETE THIS FORM AND RETURN WITH ANY SUPPORTING DOCUMENTATION VIA EMAIL TO HRLIST@CUPERTINO.ORG. DO NOT SUBMIT A PAPER COPY AS IT WILL OTHERWISE DELAY PROCESSING.

Employee Name _____ Date of Request _____

Department _____ Position Title _____

Hire Date _____

Employee Signature _____

I am requesting (check one or both):

_____ Emergency Family and Medical Leave Expansion Act ("EFMLEA")

_____ Emergency Paid Sick Leave Act ("EPSLEA")

If your request is due to conventional FMLA, CFRA, Pregnancy Disability Leave and/or other types of leaves, please do not use this form and contact Human Resources at (408) 777-3227 for further assistance.

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

Are you currently offered work or telework by your department? Yes No

If you are offered work or telework, 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 childcare 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 (i.e. a co-parent, co-guardian, or the usual childcare provider) 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 EFMLEA, 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 EFMLEA and want to substitute your pay for the first 10 days with EPSLA, check both options above and complete both Sections of this form.

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

SECTION ONE: REQUEST FOR EFMLEA

I am requesting EFMLEA 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 EFMLEA begin on _____, 2020.

I expect to use EFMLEA until _____, 2020.

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

Are you able to work at your site intermittently during this time: _____
Yes No

If yes, what are the hours of which you are available (subject to the City's approval for work during the available hours): _____

Are you able to telework intermittently during this time: _____
Yes No

If yes, how many of hours are you able to work per work day and what assignments can you perform (subject to the City's approval):

_____.

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

_____.

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

_____.

Documents attached to support this request are as follows:

I acknowledge that I may be denied EFMLEA or may be not granted the entirety of EFMLEA requested if I have already previously used all or a portion of FMLA leave, which is capped at a total of 12 weeks during a rolling 12-month period. Further, leave may be denied for other appropriate reasons, and is subject to the review and approval by the City.

Employee Signature

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

Employee Signature

I acknowledge that I will not be approved for EFMLEA without submitting documentation supporting the need to take EFMLEA. All of the documents submitted with this request (including the request form) are a true and correct copy of documentation in support of my need to take EFMLEA. I also acknowledge that I may also have to submit certifications related to my need to take EFMLEA

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 EPSLA

I am requesting EPSLA 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. (Specify relationship here: _____)

_____ I am caring for a son or daughter whose school or place of care has been closed, or whose childcare 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 EPSLA begin on _____, 2020.

I expect to use EPSLA until _____, 2020.

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

* For employees who are unable to telework (or if no telework is available), EPSLA must be taken in full-day increments, and the employee may not work intermittently, unless the reason is for child care only.

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

_____.

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

Are you able to telework intermittently during this time: _____
Yes No

If yes, how many of hours are you able to work per work day and what assignments can you perform (subject to the City's approval): _____

I acknowledge that I will not be approved for EPSLA without submitting documentation supporting the need to take EPSLA. All of the documents submitted with this request (including the request form) are a true and correct copy of documentation in support of my need to take EPSLA. I also acknowledge that I may also have to submit certifications related to my need to take EPSLA. Unless the reason for my request for leave for EPSLA is due to child care, I understand that the City may require medical certification that I am able to resume work, and I will contact Human Resources prior to my return to work to provide the appropriate work clearance.

Employee Signature

NOTE: Examples of acceptable supporting documentation will vary depending on the reason for EPSLA. 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 EPSLA 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 EFMLEA Approved:

_____ _____
Yes No

Dates of Approved EFMLEA:

Request for EPSLA Approved:

_____ _____
Yes No

Dates of Approved EFMLEA:

NOTES:

Human Resources Manager or Designee Name

Signature of Human Resources Manager or Designee Name