



Request for Leave of Absence: COVID-19

FMLA+ - Provided by Families First Coronavirus Response Act (FFCRA) for when an employee (including part-time and temporary) can no longer work onsite or work remotely and needs to care for their child under age 18 whose school or childcare provider was closed or unavailable due to COVID-19. The employee will have to be employed with the County for at least 30 days. FMLA+ provides 12 weeks (up to 480 hours, prorated for part-time employees) of leave; the first two weeks are an unpaid waiting period followed by up to 10 weeks of paid leave at the rate of two-thirds pay. FMLA+ expires on 12/31/2020. Please note this is NOT in addition to existing FMLA Classic (Non COVID FMLA). If an employee has used their FMLA entitlement in the past 12 months (rolling calendar year), they are not eligible for this leave until FMLA time (FMLA Classic) has rolled off.

Employee Name _____

EE# _____

Date _____

This is a (choose one): New Request for Leave Request for an Extension of Leave

I am requesting Expanded FMLA Emergency Paid Leave (FMLA+) due to:

- Caring for a child due to school closure or childcare provider closure (PAN-S05) and (check all that apply):
- No other suitable person is available to care for my child during the requested period of leave.
 - Special circumstances exist requiring my need for leave to care for a child ages 14-17

Name of school, place of day care, or child caregiver unavailable due to COVID-19 concerns:

Name of child or children I am needed to care for:

Name: _____

Name: _____

Name: _____

Expected Leave Begins: _____ Probable Duration: _____ Expected Return: _____

My Work Schedule is: (Check one)

- 5/40 9/80 4/10 3/56 or ____/____ days per week/hours per day

Schedule days off are: _____ and _____ and _____

My Supervisor is: _____

Leave will be:

- Continuous
- Intermittent
- Reduced Schedule

If requesting intermittent leave, please provide any known information regarding the intermittent or reduced leave schedule you are requesting

During my leave, I can be reached at:

Address

City

State

Zip

(_____) _____ - _____
Phone Number

Email

For any additional questions, please refer to the County Intranet for the latest COVID Employee Leave Information, <http://insidecontracosta.org/663/COVID-Employee-Leave>, or contact your department leave coordinator.

Additional FMLA+ Usage Information:

- After a 2-week, unpaid waiting period, FMLA+ provides two-thirds (2/3) pay for up to 10 weeks. You may utilize accrued leave to supplement the unpaid waiting period and/or the two-thirds (2/3) pay in order to receive up to full pay for this leave period.
- Depending on how much FMLA leave you have already taken in the past 12 months, you may have already exhausted your FMLA leave for the period or may only be entitled to a portion of FMLA+ during this period.
- You must have been on the County’s payroll for at least 30 calendar days.
- Your health benefits will be maintained during any period of FMLA+ leave taken under the same conditions as if you continued to work and as long as you continue to pay the employee share of the premiums.

Employee’s Signature

Date

*The information requested by this form is being collected to support funding reimbursement that may be available to the County from the U.S. Government or State of California.