



**CITY OF PITTSBURG - FAMILIES FIRST CORONAVIRUS
RESPONSE ACT REQUEST FOR PAID EMERGENCY FAMILY AND
MEDICAL LEAVE**

To Be Completed by Employee:		
Employee's Name:	Dept:	Date of Request:
Job Title:	EE #:	Last Date of Hire:
Email Address:	Phone:	
Please Initial the Following Terms:		
<input type="checkbox"/>	I have been employed by the City for at least 30 calendar days.	
<input type="checkbox"/>	I understand that if my leave is approved, any time away from work for this event will be charged against my 12-week leave maximum under Family/Medical Leave.	
Method of Leave Requested:		
<input type="checkbox"/> Consecutive leave		
<input type="checkbox"/> Intermittent or reduced schedule. Specify proposed work schedule: _____		
Date leave is to begin:	Anticipated end date:	
Use of Accruals While on Paid Emergency FMLA:		
<p>Paid Emergency Family/Medical Leave provides up to 12 weeks of paid leave for eligible employees. You will receive two-thirds (or 66%) of your regular rate of pay for hours you would normally be scheduled to work, not to exceed \$200 per day. The first 10 days of the leave may be unpaid.</p> <p>You have the right to supplement any unpaid leave entitlement with your 10-day emergency paid sick leave or sick, vacation, and/or other paid accruals. <u>Please designate paid accruals to be used i.e. emergency paid sick leave, sick, comp time, vacation, other while on leave.</u> You will complete your timesheet while on EFMLA.</p>		
First 10 days: <input type="checkbox"/> Unpaid or <input type="checkbox"/> Emergency Paid Sick Leave or <input type="checkbox"/> Other (specify): _____ (check one box)		
Thereafter, use accruals to supplement pay in the following order: 1 st _____ 2 nd _____ 3 rd _____ 4 th _____		
<p>If the duration of my FMLA (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my FMLA should exceed 12 weeks, I will be returned to my same or equivalent position, only if available. Refer to Family Medical Leave Personnel Rule for additional information or contact Human Resources.</p> <p>I certify that I have a child who is under the age of 18, whose school or place of care has been closed, or whose childcare provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority. Due to the need to care for my child, I am unable to work (or telework). I understand that if my childcare needs change, I must immediately inform my supervisor and the City and I may be directed to report back to work (or telework).</p>		
Authorization:		Date:
Employee Signature:		
Department Supervisor:		
Department Director:		
Human Resources:		