



City of Little Rock

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT
EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT
(EMERGENCY FMLA) REQUEST**

EFFECTIVE: APRIL 1, 2020

Employee Name: _____ Employee Number: _____

Employees who have been with the City at least thirty (30) days are eligible for up to twelve (12) weeks of leave under the Emergency Family and Medical Leave Act or the balance of any existing FMLA leave entitlement with the first two weeks unpaid under this Act. However, I may be eligible for two week of paid leave under the Emergency Paid Sick Leave Act.

Status: ___ Full-time: employees are eligible for up to eighty (80) hours

___ Part-time. Department to determine maximum number of hours employee can receive per pay period. Enter it here: _____

By completing this form, I am requesting paid leave under the Emergency Family Medical Leave Act because I am caring for my son/daughter who is under eighteen (18) years old whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. I understand that the first ten (10) days are unpaid under this Act; however, I may be eligible for Emergency Paid Sick Leave (see below and policy). Son/daughter is defined as a biological adopted or foster child, a stepchild, a legal ware, or a child of a person taking the place of a parent – someone that has day to day responsibilities of the child.

This leave will be paid at 2/3 my regular rate up to a cap of \$200/day with a maximum of \$10,000. I will provide documentation showing that the school/day care was closed for the period I have requested below. **Timekeepers please use pay code CV3 – Titled COVID Leave past 2 Weeks. This leave will be effective on the 11th day of the absence.**

I started my first ten days on _____ (must be on or after April 1, 2020) and it ends on _____.

Start Date of Emergency FMLA (the eleventh day): Date/Time: _____

End: Date/Time: _____

___ In order to ensure I receive a full paycheck: I wish to charge my Vacation/PTO for the remaining 1/3 of the absence.

___ I am completing the separate request for Emergency Paid Sick Leave under Families First for the first ten (10) days (paid at two-thirds of my regular rate at a maximum of \$200 a day or \$2,000 total).

Signature

Date