

City of Raleigh
Families First Coronavirus Response Act (FFCRA)
Family and Medical Leave Act/PHL Application

Employee Information

Name: _____ Department: _____

Job Title: _____ Date Submitted: _____ Phone Number: _____

Qualifying Reason

- ☐ 1. I am unable to work or telework because I am responsible for the care of my minor son or daughter who is younger than 18, because their school and/or day care is closed, or child care provider is unavailable (proof related to the closing is attached).
- ☐ 2. I am unable to work or telework because I am responsible for the care of my adult son or daughter 18 or older who is incapable of self-care due to disability and their school and/or day care is closed, or child care provider is unavailable (proof related to adult child's status and the closing is attached).
- ☐ 3. I am responsible for the care of my minor son or daughter who is younger than 18 because their school and/or day care is closed, or child care provider is unavailable. I directly support the COVID-19 crisis and I am eligible for COVID-19 premium pay. I elect the alternative to PHL by enrolling my K-8th grade child(ren), in the City of Raleigh, Parks, Recreation and Cultural Resources Department Families First Day Camp.

Requested Family and Medical Leave Dates

Start Date of Leave: _____ Last Day of Leave: _____

If this is an intermittent leave request (e.g., certain days, partial days), please describe:

NOTE: Intermittent leave is available only in limited circumstances.

Family and Medical Leave (Reason 1-2 as Stated Above)

- The first 10-days of Emergency Family leave is unpaid, and you may choose to apply for Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA), which can be done under a separate application.
- You can choose to use accrued compensatory time, sick time or vacation time for the 10-days of unpaid Emergency Family Leave instead of applying Emergency Paid Sick Leave under the FFCRA.
- Following the first 10-days unpaid under this policy, Emergency Family Leave will compensate you at 2/3 (66.67%) of your regular rate of pay for up to 10-weeks or as long as a federal, state, local COVID-19 state of emergency is in effect. Your pay will be capped at \$200 per day (or 10,000 aggregate). You are unable to supplement Emergency Family leave with accrued leave of any kind.
- Emergency Family Leave time will count towards your FMLA entitlement of 12 weeks in a rolling 12-month period for all FMLA qualified reasons.

- If taking Intermittent Emergency Family Leave you will need to coordinate with your immediate supervisor and the Emergency Family Leave will need to be documented separately from the regular hours worked.
- This policy is in effect for as long as a federal, state or local COVID-19 state of emergency is in effect, and in any event only through December 31, 2020.
- Completed form and supporting documentation should be returned by email to benefitsadministration@raleighnc.gov.

Documentation Required

Please attach supporting documentation to your request for leave that clearly identifies the name of the son or daughter being cared for; the name of the school, place of care, child care provider that has closed or become unavailable; and a representation that no other suitable person will be caring for your son or daughter during the period for which you take Expanded Family and Medical Leave.

Examples include 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 facility.

Employee Signature

By submitting this request for Emergency FMLA Leave, I am confirming that I am unable to work, including telework due to a need for leave to care for a son or daughter under 18 years of age because the school or place of care has been closed, or the child care provider is unavailable due to an emergency in relation to COVID-19 as declared by a federal, state or local authority or I am eligible for the Families First Day Camp because I directly support the COVID-19 crisis and I am eligible for COVID-19 premium pay. I understand that falsifying information related to this request is subject to discipline up to and including discipline.

Employee Signature (Typed or Written): _____

For Use By Human Resources Only

☐ Approved ☐ Approved with modifications to request ☐ Denied

Modifications, if any:
