



HUMAN RESOURCES DIVISION EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFML) REQUEST FORM

To be completed by the employee

Employee Name _____ Date of Application _____

Mailing Address _____
Street/Box _____ City _____ State _____ Zip _____

Personal Phone _____ Work Phone _____

Division _____ Supervisor Name _____

Position Title _____

Date of Hire _____

1. ELIGIBILITY

Have you worked for the City of Flagstaff for at least 30 calendar days?

No Yes

2. DO YOU HAVE A “QUALIFYING NEED RELATED TO A PUBLIC HEALTH EMERGENCY.”

Yes. Although the City has work available for me, I am unable to work (or telework) because I need to care for my son or daughter due to their school or place of care being closed (or child care provider is unavailable) because of the COVID-19 public health emergency as declared by a Federal, State, or local authority.

3. DOCUMENTATION

A notice of closure or unavailability of school or a place of care posted on a government, school, or daycare website, or published in the newspaper, or an email from an employee or official of the school, place of care, or childcare provider is attached.

3. LENGTH OF LEAVE REQUESTED

Start Date _____ End Date _____

Full-time leave

Intermittent or reduced schedule leave*. List specific dates, times, or schedules you are requesting

**Employees needing an intermittent/ reduced schedule must work with their supervisor to schedule the leave to not unduly disrupt the employer's operations and may be taken in no less than four (4) hour increments.*

4. **SALARY ELECTION**

- 100% normal rate of pay utilizing accrued leave as requested below, or
- 2/3 normal rate of pay, or
- Leave without pay

5. **ACCRUED LEAVE**

While on Expanded FMLA leave I choose to use the following accrued leave (number the leaves to be used in priority order and the number of hours to be used):

Priority Order	Type of Leave	Number of Hours to be Used
_____	FMLA Vacation	_____
_____	FMLA Earned Paid Sick Time	_____
_____	FMLA PTO	_____
_____	FMLA Comp	_____
_____	FMLA Floating Holiday	_____
_____	FMLA Personal Day	_____
_____	FMLA Holiday	_____
_____	FMLA Parental Leave	_____
_____	FMLA Public Health Emerg Leave	_____
_____	Donated Leave*	_____

*Only if all other eligible leave is exhausted

5. **INSURANCE BENEFITS**

If you currently have dependent health insurance, are you continuing coverage?

- Yes
 - While on paid leave, the dependent premiums will continue to come out of your paycheck.
 - While on unpaid leave, you will need to contact Payroll at 213-2200 to make arrangements to pay for the dependent insurance premiums.
- No
- Not applicable

If you currently have voluntary life insurance for you or your dependents do you want to continue coverage?

- Yes
 - While on paid leave, the dependent premiums will continue to come out of your paycheck.
 - While on unpaid leave, you will need to contact Payroll at 213-2200 to make arrangements to pay for the dependent insurance premiums.
- No
 - Will reinstate upon return to work or at the end of 12 weeks, whichever comes first.

Employee Acknowledgment

By signing below, I certify that my answers are true and correct and that I agree to abide by the requirements of the City of Flagstaff procedures regarding the Emergency Family and Medical Leave Expansion Act.

Employee signature: _____ Date: _____