

EMPLOYEE PROTECTED LEAVE REQUEST – COVID19
Emergency Paid Sick Leave Act (EPSLA)
& Emergency Family and Medical Leave Expansion Act (EFMLEA)

Employee Name:	Employee ID:
Department:	Supervisor:
Absent from:	Absent through:

If your need for leave (FMLA/OFLA/OST) does not involve CV19, please submit your leave request through PeopleSoft, your supervisor, or contact HR@springfield-or.gov for additional information.

SECTION 1

Reason for Leave: I am unable to work (or telework) due to a need for leave because (pick one):

- (1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 (CV19).

Date/Issuing Authority of Order: _____

- (2) I have been advised by a healthcare provider to self-quarantine because of concerns related to CV19.

Date/Name of Health Care Provider: _____

- (3) I am experiencing symptoms of CV19 and seeking a medical diagnosis.

Date symptoms began: _____

Healthcare Provider: _____

- (4) I am caring for an individual who is subject to an order to quarantine or isolate described in (1) or has who been advised to self-quarantine as described in (2).

Name/Relationship to Individual: _____

Date/ (1) Issuing Authority of Order: _____

Date/ (2) Name of Health Care Provider: _____

- (5) I am caring for my child(ren) because their school or daycare has been closed, or because my child care provider is unavailable, due to CV19 reasons. **(MUST COMPLETE SECTION 2)**

- (6) I am experiencing another substantially similar condition specified by the federal Department of Health and Human Services.

Describe condition: _____

Pay for Leave

- **For leave reasons (1), (2), (3), (4), or (6) above:** Employees taking leave shall be paid at their regular rate of pay for up to two weeks.
- **For leave reason (5) above:** Employees taking leave shall be paid at 100% their regular pay for the first two weeks of leave followed by up to 10 weeks of paid expanded family at 2/3 their regular pay. This leave may be less if employee has previously taken FMLA leave during the lookback period.

Pay Selection (pick one):

- I am opting to use the EPSLA pay for the above selected reason for two weeks of leave.
- I am opting to use accrued leaves instead of EPSLA.
- I am opting to take unpaid leave instead of EPSLA.

(Skip to **SECTION 3** if reason for leave is not (5) child care related.)

Forward leave request to HR@springfield-or.gov

SECTION 2

Reason for Leave: (5) Caring for my child because of school or daycare closure or child care provider is unavailable due to CV19 reasons.

The name, age and relation to you of the child(ren) to be cared for:

The name of the school that has closed or place or person of care that is unavailable:

Important Note: For EMFL and EPSL relating to child care and school closings, the DOL clarifies that the employee alone must be caring for the child(ren) and if someone else is present for the care for the child(ren), this leave is not available.

I affirm that no other person will be providing care for the child during the period for which I am receiving emergency paid leave or expanded family medical leave.

I am unable to work due to a bona fide need for leave to care for a child⁽¹⁾ whose school or child care provider⁽²⁾ is closed. I certify (select the criteria that applies):

- My child is under 18 years of age; or
- My child is 18 years or older and incapable of self-care due to mental or physical disability;
- Special circumstances exist that require me to provide care during daylight hours for a child older than fourteen and this impacts my ability to work (or telework).

I am unable to work (or telework) for the following reasons:

(1) Child is defined as a biological, adopted, or foster child, a stepchild, a legal ward or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and "incapable of self-care because of a mental or physical disability".

(2) Childcare provider means a provider who receives compensation for providing childcare services on a regular basis such as a center-based childcare provider, a group home childcare provider, a family childcare provider, other licensed provider of childcare services for compensation, a childcare provider that is 18 years of age or older who are a family member of the employee.

If also applying for Expanded Family Medical Leave under (5) above: Expanded Family Medical Leave provides 2/3 of an employee's rate of pay after the first two weeks. If the employee elects they can use their time off to offset this loss of salary.

- I authorize the City to use my accrued leaves if needed to ensure 100% of my pay during utilization of EFMLEA leave.
- I do not wish to supplement the 1/3 remaining EFLMA Leave.

SECTION 3

Comments for exception or intermittent considerations:

EMPLOYEE SIGNATURE

TODAY'S DATE

FOR HR USE ONLY:

<input type="checkbox"/> Approved	Start Date:	First 2 Wks: <input type="checkbox"/> EPSLA	<input type="checkbox"/> Accrued Leave	<input type="checkbox"/> Unpaid
<input type="checkbox"/> Not Approved	End Date:	# FML Wks Available:		

Submit request to HR@springfield-or.gov