

City of Boston

Employee Request for Emergency Family and Medical Leave

(To be completed by Employees who are not designated as Health Care Providers or Emergency Responders)

An employee requesting Emergency FMLA (“EFMLA”) pursuant to the Families First Coronavirus Response Act (“FFCRA”) must complete this form and provide as much advance notice as reasonably practicable. Please submit the completed form to Michael Kerr at Covidleave@boston.gov.

I. Employee Information

Employee Name: _____

Employee ID #: _____ Department: _____

Title: _____

Employee Phone Number: _____

Employee E-Mail Address: _____

II. Request for Leave

Anticipated date the leave is to begin: _____

Expected return to work date: _____

Purpose for Leave:

I am unable to work (or telework/remote work) because the following place of care has closed:

- Elementary/Secondary School
- Place of Care
- Child Care Provider

Name of School/Place of Care/Child Care Provider: _____

Name and Age(s) of Child/Children¹ Being Cared For:

I hereby certify that no other suitable person is available to care for my child/children during the period of requested leave. If I use an electronic signature below it shall constitute my authentic signature.

Employee Signature: _____

III. Substitution of Paid Leave

The first ten (10) days of Emergency Family and Medical Leave are unpaid under the FFCRA; however, you may use available Emergency Paid Sick Leave provided by the FFCRA. (Other City provided sick leave is not available to use for Emergency Family Medical Leave.) The City will count your first ten (10) days as Emergency Paid Sick Leave unless you choose to forego use of Emergency Paid Sick Leave. If you choose to opt out of Emergency Paid Sick Leave, please indicate so below.

- I would like to opt out of using Emergency Paid Sick Leave for the first ten (10) days of my FMLA leave. I will indicate below which other available paid leave I would like to use to cover this period.

In the event you have exhausted all available Emergency Paid Sick Leave, or you choose not to use available Emergency Paid Sick Leave, you may use available accrued paid vacation, personal and compensatory leave to cover this period. You cannot use accrued sick leave to cover this period. Please indicate below if you would like to use paid leave, and how many hours you plan to use. I wish to use the following paid leave during this period:

- Vacation
Number of Hours: _____
- Personal
Number of Hours: _____
- Compensatory Time
Number of Hours: _____
- Other Leave Time:
Type of Leave: _____
Number of Hours: _____

¹ A child is defined as an employee's own child, adopted child, foster child, step child, legal ward, or child for whom the employee stands in loco parentis that is (1) under eighteen (18) years of age; or (2) is over eighteen (18) years of age and has a mental or physical disability, and is incapable of self-care because of that disability.

IV. Concurrent Pay

After the first ten (10) days of Emergency Family and Medical Leave, the City requires that you use your accrued paid leave (including vacation, personal, and compensatory time leave and other paid leave and excluding sick leave) for the remainder of Emergency Family Medical Leave if accrued paid leave is available to you.

If you exhaust all of your accrued paid leave (excluding sick leave) before your Emergency Family and Medical Leave entitlement has been exhausted, you will be paid at a rate of two-thirds (2/3) of your regular rate of pay for the number of hours you would otherwise be normally scheduled to work up to a maximum of two hundred dollars (\$200.00) per day and a cap of ten thousand dollars (\$10,000.00) in the aggregate.

Please indicate below the order in which you would like to use your accrued paid leave during Emergency Family and Medical Leave, using the number “1” for the first type of leave to use, “2” as the second type of leave to use, etc.

___ Vacation

___ Personal

___ Compensatory Time

___ Other Accrued Leave

V. Certification

I understand that I may be required to provide additional documentation. I acknowledge that it is my responsibility to contact my manager prior to returning to work. I also understand that if I am unable to return to work/telework on the above date, I must obtain approval for an extension of my leave. I certify that the information provided herein is accurate, complete, and true. If I use an electronic signature below it shall constitute my authentic signature.

Employee Signature: _____

Date: _____

FOR HR USE ONLY

Date Received: _____

Date Processed: _____