

CITY OF HICKORY
COVID-19 EMERGENCY PAID FMLA LEAVE REQUEST FORM

Request Date: _____

Employee Name: _____

Department: _____

Supervisor: _____

Date When Leave Will Start: _____

Date Anticipated To Return To Work: _____

If leave time will be intermittent, list the schedule of time needed off:

I am unable to work (or telework) due to a need for leave to care for my son or daughter under 18 years of age because:

My child's school or place of care has been closed

My child care provider¹ of such son or daughter is unavailable due to an emergency with respect to COVID-19 as declared by a federal, state or local authority.

I understand that I may be required to provide proof of the closure or unavailability of child care.

If requested, I understand that I may be required to provide proof that I compensate my childcare provider.

I understand that Emergency FMLA leave is paid at 2/3 salary (except for the first 10 days).

Please check this box if you would like to use accrued time for the first 10 days of leave, which will be otherwise unpaid:

Or, you may choose Emergency Sick leave (80 hours) to be paid at 2/3 salary for the first 10 days. During this first ten days, you may supplement with 1/3 of your accrued sick leave. Emergency sick leave can only be used one time. For the remainder of the 12 weeks eFMLA, you may supplement with 1/3 compensatory or vacation time (not sick leave).

Employee Signature

Date Signed

Supervisor's Signature

Date Signed

Department Head Signature

Date Signed

Human Resources Signature

Date Signed

¹ "Child care provider" is one who provides child care services on a regular basis and receives compensation for those services.