

**Emergency Responders Request Form for  
Families First Coronavirus Act Benefits**

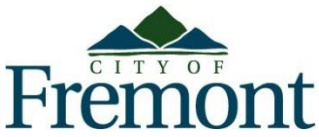
<b>Name:</b>			<b>Date of Request:</b>	
<b>Employee ID:</b>		<b>Bargaining Unit:</b>		<b>Hire Date:</b>
<b>Department:</b>			<b>Job Title:</b>	
<b>Primary Phone Number:</b>			<b>Personal Email Address:</b>	

On March 18, 2020, the Families First Coronavirus Response Act (FFCRA) was signed into law. In general, the FFCRA requires employers, such as the City of Fremont, to provide additional emergency paid sick leave (80 hours) and expands the provisions of the Family Medical Leave Act to offer relief to employees impacted by the coronavirus (COVID-19). These provisions go into effect prospectively as of April 1, 2020 and remain in effect until December 31, 2020. **However, the City of Fremont has proactively taken action to extend the EPSL benefit through March 31, 2021 (under the stimulus bill that went into effect on December 27, 2020) to ensure that employees can continue to take leave due to COVID-19 qualifying reasons.**

**Section 1: Request for Emergency Paid Sick Leave (EPSL)**

Consistent with the requirements of the Families First Coronavirus Act, I am requesting EPSL because I am unable to work or telework because of the following reason(s):

- (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The government agency that has issued the quarantine or isolation order is \_\_\_\_\_ (e.g., state, county, city).
- (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the health care provider who has advised me to self-quarantine due to concerns related to COVID-19 is \_\_\_\_\_.
- (3) I am experiencing symptoms of COVID-19 (e.g., fever [defined as 100.4° F [37.8° C] or greater using an oral thermometer], coughing, and/or shortness of breath) and seeking a medical diagnosis.
- (4) I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Relationship to individual \_\_\_\_\_. The government agency that has issued the quarantine or isolation order is \_\_\_\_\_ (e.g., state, county, city). The name of the health care provider who has advised the individual to self-quarantine that I am caring for is \_\_\_\_\_.



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(6) I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

I understand that if my circumstances change, I must immediately inform my supervisor and I may be directed to report back to work. This benefit is limited to 80 hours of Emergency Paid Sick Leave for the reasons described above as required by the law.

Paid Sick Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Paid Sick Leave Intermittent Basis [ ] Yes [ ] No

If "YES", please provide the reason for intermittent leave: \_\_\_\_\_

If "YES", please provide the dates for intermittent leave: \_\_\_\_\_

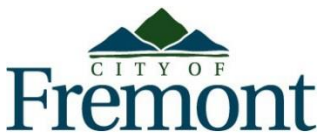
I acknowledge that the FFCRA identifies limited circumstances in which EPSL may be taken intermittently as follows: non-teleworking employees may only take EPSL intermittently if they are requesting the leave to care for a child whose school or place of care has been closed or the childcare provider of the child is unavailable. Teleworking employees may take EPSL intermittently for any qualifying reason. I acknowledge that my request to take EPSL intermittently may be denied if it is not for these reasons.

I acknowledge for leave taken under options (check one):

- (1), (2), or (3), full time employees are entitled to 80 hours of paid leave at their regular rate of pay, subject to a \$511 per day and \$5,110 aggregate cap. Part-time employees are entitled to paid leave for the average number of hours worked over a 2-week period at their regular rate of pay, subject to the same cap.
(4) or (6), full time employees are entitled to 80 hours of paid leave at 2/3 their regular rate of pay, subject to a \$200 per day and \$2,000 aggregate cap. Part-time employees are entitled to paid leave for the average number of hours worked over a 2-week period at 2/3 their regular rate of pay, subject to the same cap.

I am requesting leave taken under options (check one or none):

- (1), (2), or (3), to use leave from the following bank(s) to supplement EPSL hours paid in order to maintain my regular base pay:



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- |   |   |
|---|---|
| <input type="checkbox"/> 100 Hour Leave Bank <sup>1</sup> | <input type="checkbox"/> Compensatory Time Bank     |
| <input type="checkbox"/> General Leave Bank               | <input type="checkbox"/> Management Leave Bank      |
| <input type="checkbox"/> Sick Leave Bank                  | <input type="checkbox"/> Sabbatical/Sick Leave Bank |
| <input type="checkbox"/> Vacation Leave Bank              | <input type="checkbox"/> Leave Without Pay          |

(4), or (6), to use leave from the following bank(s) to supplement EPSL hours paid at two-thirds (2/3) my regular rate:

- |   |   |
|---|---|
| <input type="checkbox"/> 100 Hour Leave Bank <sup>1</sup> | <input type="checkbox"/> Compensatory Time Bank     |
| <input type="checkbox"/> General Leave Bank               | <input type="checkbox"/> Management Leave Bank      |
| <input type="checkbox"/> Sick Leave Bank                  | <input type="checkbox"/> Sabbatical/Sick Leave Bank |
| <input type="checkbox"/> Vacation Leave Bank              | <input type="checkbox"/> Leave Without Pay          |

<sup>1</sup> Per City Council approval on May 5, 2020 in recognition of the essential and critical services provided by emergency responders during the COVID-19 pandemic, each emergency responder exempted from participating in the EFMLEA provision of the FFCRA will be granted a temporary non-compensable paid leave bank of one hundred (100) hours. The designated hours will be paid at the employees' regular rate of pay (same as compensatory time taken). The leave bank expires on December 31, 2022.

If my EPSLA request is approved, I will coordinate the approval with my department for supplementing EPSL hours with other leave banks (100 Hour, General Leave, Vacation Leave, Comp Time, Management Leave, Sick Leave, Sick/Sabbatical) or leave without pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Section 2: Form and Documentation Submission Process**

An employee using EPSL must submit this completed form to Human Resources at [humanresources@fremont.gov](mailto:humanresources@fremont.gov).

In the event of a medical emergency where the employee is unable to provide the form prior to initiating leave, the form should be submitted as soon as reasonably practicable via email to [humanresources@fremont.gov](mailto:humanresources@fremont.gov).

If you have any questions or concerns, please contact Human Resources via email at [humanresources@fremont.gov](mailto:humanresources@fremont.gov).