



EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

REASON FOR LEAVE REQUEST & ABSENCE DATES

Child(ren)'s School/Childcare Closure/Unavailability

Absence Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

PAY STATUS DURING THE LEAVE:

- I request:  FEDERAL EMERGENCY PAID SICK LEAVE (Up to 80 Hours, subject to pay caps)
- ELECT NOT TO SUPPLEMENT FEDERAL EMERGENCY SICK PAY OR RECEIVE 100% PAY
- ELECT TO SUPPLEMENT FFCRA EMERGENCY EXPANDED FMLA (\$200/Day Max.) WITH MY ACCRUED TIME

**Please identify the number of hours you wish to use AND the priority in which you wish to use your hours.**  
 For example, for two weeks off you can enter 40 hours vacation and 40 hours of Comp time. Put a #1 priority for Vacation and #2 priority for Comp Time. By "prioritizing" you will exhaust all time in the order preferred, if applicable. Please feel free to call your Payroll Specialist for assistance.

Code	Description	Hours	Priority	Code	Description	Hours	Priority
635	Emergency Paid Sick Leave			041	Vacation Hours		
035	Sick Leave			052	Comp/Admin Hours		
061	Leave w/o Pay			048	Holiday Hours		

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMERGENCY EXPANDED FMLA (COVID-19) FORM.

I UNDERSTAND THAT LEAVE TAKEN AS A RESULT OF THE COVID-19 PUBLIC HEALTH CRISIS FOR WHICH I RECEIVE PAID LEAVE UNDER THE FFCRA OR COUNTY POLICY WILL BE COUNTED AGAINST MY ENTITLEMENTS. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submission Instructions:

1. Fill out this form completely, sign, and provide a copy of it to your Manager.
2. Upload the completed copy to Workday Leave of Absence Request for COVID-19 Leave for School/Childcare Closure.