City of Portland

FFCRA Emergency Paid Sick Leave & Expanded FMLA Application

☐ New Request ☐ Revision / Extension

Employee Information *(Type or Print)*	
Name:	Personnel Number:
Home Address:	
Home Phone: Home Email (**optional*):	
Bureau/Office:	Work Phone:

Reason for Leave – Emergency Paid Sick Leave *(E-PSL)* - *Up to 2 workweeks of paid sick leave. City pays 100% of employee's regular rate of pay. The maximum number of paid hours is equivalent to the number of hours the employee works on average over a two-week period, but not more than 80 hours total.*

☐ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19

☐ I have been advised by a health care provider to self-quarantine related to COVID-19

☐ I am experiencing COVID-19 symptoms and am seeking a medical diagnosis

☐ I am caring for an individual who is subject to a quarantine or isolation order, or advised by their health care provider to self-quarantine related to COVID-19

Specify relationship and family member's name:	If child, date of birth:

☐ I am caring for my child whose school or place of care is closed (or child care provider is not available) for reasons related to COVID-19

☐ I am experiencing any other substantially similar condition specified by the US Department of Health and Human Services. *The condition specified by US Department of Health and Human Services is*:

Reason for Leave – Expanded Family and Medical Leave *(E-FMLA)* - *Up to 12 workweeks of partially paid leave. First 2 weeks are unpaid, but employees may use their paid leave accruals or elect to use Emergency Paid Sick Leave (if unused). Weeks 3 through 12 are paid at 2/3 of the employee's regular rate of pay, up to $200 daily; or employees may elect to solely use their paid leave accruals for full pay. Employees may not use their paid leave accruals to supplement the unpaid 1/3 or any other unpaid amount up to their normal earnings.*

☐ I am caring for my child whose school or place of care is closed (or child care provider is not available) for reasons related to COVID-19.

☐ Please check this box if you are also electing to use Emergency Paid Sick Leave during the first 2 weeks.

☐ Please check this box to elect to solely use your paid leave accruals in lieu of partially paid E-FMLA (weeks 3-12)

Leave Request *(Check all that apply)*		
☐ Full Time/Continuous ☐ E-PSL ☐ E-FMLA	Start date:	End date:
☐ Intermittent* ☐ E-PSL ☐ E-FMLA	Start date:	End date:

* Intermittent Leave must be scheduled and requires your supervisor's separate written approval. Your supervisor's acknowledgement signature below does not constitute approval of an agreed intermittent leave schedule.

Request to reserve leave during Expanded Family and Medical Leave *(not applicable for non-E-FMLA reasons)*

I elect to reserve hrs. vacation hrs. compensatory time (*up to 80 hours combined maximum*)

Employee Acknowledgement

- **I understand that I must be unable to work, including telework, due to one of the reasons listed above to qualify for emergency paid sick leave and/or expanded family and medical leave.**
- I understand that I may be requested to provide supporting documentation for my reason for leave before benefits can be paid.
- I understand that in the case of my own COVID-19 health condition, I will not be permitted to resume my position with the City until I provide a Release to Return to Work letter from my health care provider, or I have met all of the requirements for discontinuing isolation according to the most recent recommendations from the Multnomah County Health Authority.
- I understand that I may not work elsewhere, including self-employment, during the same period for which I am receiving emergency paid sick leave and/or expanded family and medical leave provided by the City.
- While on leave, I understand my group health coverage will be maintained and I must continue to make any normal contributions, if applicable, unless I elect to discontinue coverage (for questions, contact the Benefits Office, 503-823-6031).

☐ **Check this box to certify you have read and understand the above conditions for leave.**

Employee Signature	Date

Supervisor Acknowledgement – ***Your signature also certifies the employee is unable to work or telework.***

Supervisor Name (*Type or print*):

Supervisor Signature	Date