



Families First Coronavirus Response Act (FFCRA)

City Voluntary Extension of Emergency Paid Sick Leave

Effective January 1, 2021 through June 30, 2021

APPLICATION - COVID-19 VACCINE TIME OFF

This form is to request to use Emergency Paid Sick Leave (E-PSL) for time off to receive a COVID-19 vaccine and/or to recover from any adverse side effects of receiving the vaccine. In addition to completing this form, employees are still required to follow all normal Bureau absence reporting procedures for requesting time off and approval by their Supervisor.

EMPLOYEE NAME:

PERNR:

BUREAU/OFFICE:

WORK PHONE #:

I am applying to use the City's voluntary extended Emergency Paid Sick Leave for time off to obtain a COVID-19 vaccine.

Date of 1st dose of Vaccine:

Hours Missed from Work:

Date of 2nd dose of the Vaccine (Pfizer/Moderna):

Hours Missed from Work:

I am applying to use the City's voluntary extended Emergency Paid Sick Leave for time off to recover from adverse side effects of the vaccine.

Date of Vaccine:

Leave Start Date:

End Date:

Hours Missed from Work:

NOTE: If the above absence is more than three (3) calendar days, a medical diagnosis from a health care provider will be required before additional days of Emergency Paid Sick Leave (E-PSL) can be approved.

I understand that if I need to use Emergency Paid Sick Leave (E-PSL) for a non-COVID-19 vaccine related absence, I must complete the full FFCRA Application form for another qualifying reason for leave. Paid leave approved with this application can only be used for time off to receive and/or recover from a COVID-19 vaccine.

Employee signature:

Date:

Submit your completed application form to your bureau's Timekeeper for processing.

Timekeepers: (please fill-in the below)

Employee has already received _____ hours of Emergency Paid Sick Leave (E-PSL) via quota correction.