

**FAMILY FIRST CORONAVIRUS RESPONSE ACT (FFCRA)  
& OREGON FAMILY LEAVE ACT (OFLA)  
LEAVE REQUEST FORM**

**Employee Name:** \_\_\_\_\_

**Leave Start Date:** \_\_\_\_\_ **Leave End Date:** \_\_\_\_\_

**Reason for requested leave:** Note: Different eligibility requirements may apply depending on the type of leave requested. The City will select the leave(s) that is/are most beneficial to the employee if the employee is eligible under various laws.

**Reason for requested leave:**

\_\_\_\_\_ **(1) Quarantine:** To comply with a Federal, Oregon or local quarantine or isolation order related to COVID-19. *This includes shelter-in-place or stay-at-home orders issued by any Federal, Oregon or local government authority that causes employees to be unable to work, even though the employer has work for the employee to do.*

\_\_\_\_\_ **(2) Self-Quarantine:** I have been advised my healthcare provider to self-quarantine due to concerns related to COVID-19.

\_\_\_\_\_ **(3) Diagnosis or Treatment:** I am experiencing symptoms of COVID-19 and am seeking medical diagnosis or treatment. *This leave is limited to time the employee is unable to work because the employee is taking steps to obtain a medical diagnosis, such as making, waiting for or attending an appointment for a test for COVID-19.*

\_\_\_\_\_ **(4) Care for a Quarantined Individual:** I am caring for an individual required to be quarantined or advised to be quarantined due to concerns related to COVID-19.

\_\_\_\_\_ **(5) Child Care (EPSLA/EFMLEA/OFLA):** My child/son/daughter's school or child care provider/ place of care has been closed or is unavailable due to COVID-19 related issues.

*Name of Elementary or Secondary School:*

\_\_\_\_\_

*Name of Child Care Provider:*

\_\_\_\_\_

*Employee's Relationship of Child(ren):* \_\_\_\_\_

\_\_\_\_\_ **(6) Substantially Similar Care:** I am caring for a substantially similar condition, as determined by the U.S. Secretary of Health and Human Services.

**Child Care/School Closure Leave and Supplemental Pay**

The EPSLA and the EFMLEA both provide eligible employees with Child Care/School Closure Leave. If you have requested this leave, indicate below how you want to you leave to be applied:

\_\_\_\_\_ I want to use the paid leave granted by the EPSLA first and automatically follow with the remaining paid leave provided under the EFMLEA. *(This option will not require an employee to wait two weeks before receiving pay under the EMFLEA. The leave used under the EPSLA will satisfy the two-week waiting period).*

\_\_\_\_\_ I want to use accrued paid leave to satisfy the EFMLEA two-week waiting period. *(This option will not require an employee to wait two weeks before receiving pay under the EMFLEA. Paid leave under the EPSLA will not be used with this option).*

Employees will receive two weeks at full pay, partial pay thereafter during EFMLEA leave per FFCRA.

Do you plan on supplementing your pay with accrued leave? \_\_\_\_\_Yes \_\_\_\_\_No

*To supplement your pay, you will need to indicate the amount of leave to use each pay period on your timecard. See the Finance Director for additional information.*

**Intermittent Leave**

Are you requesting leave on an intermittent schedule for reduced hours per day?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you requesting leave on an intermittent schedule for a few days per week?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement**

I understand that I may be required to provide complete and sufficient certification to support my request; and I understand that my leave may be delayed until I return the appropriate certification form.

I acknowledge that I have been given the opportunity to ask question about the Temporary COVID-19 Policy and if questions were asked, I received answers, and I acknowledge that I understand the Temporary COVID-19 Policy.

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