

CITY OF MAUMELLE
DEPARTMENT OF HUMAN RESOURCES

**Request for Emergency Leave Under the Family and Medical Leave Act &
Pursuant to the Families First Coronavirus Response Act
(Effective April 1, 2020)**

Department Head Name and contact:

Employee's job title: _____ Regular work schedule: _____

INSTRUCTIONS to the EMPLOYEE: Please complete before giving this form and give to your Human Resources Representative.

Your name (Print): _____

First Middle Last

Address City State Zip

Phone number () _____

ELIGIBILITY FOR LEAVE

Name of "Son or Daughter"* _____

Date of Birth of Son or Daughter _____

School or Daycare's name and business address:

_____:

Telephone: (_____) _____ Fax: (_____) _____

Approximate date of closure due to Coronavirus: _____

Probable duration of closure: _____

AMOUNT OF LEAVE REQUESTED

Number of Weeks or Days of Leave seeking

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

TYPE PAID LEAVE FOR FIRST 10 DAYS (2 weeks):

_____ I would like the first 10 days to be unpaid

_____ I would like to use sick ___ vacation_____ or personal___ time during the first 10 days

_____ I am applying for Paid Sick Leave under HR 6201 for the first 10 days (2/3 of my regular rate at maximum of \$200 a day or \$2000 total).

I understand that paid leave for the remaining 10 weeks of the 12 week leave will be at 2/3 of my regular pay not to exceed \$200 a day for a maximum payment of \$10,000. After I have received the maximum payment under this leave I elect to use my vacation_____ sick_____ personal time___ and/ or go on unpaid leave_____.

I understand that the Employer can establish reasonable notice procedures in order for me to continue receiving the leave benefits and that I will promptly notify my Employer when my child’s school or daycare re-open or I no longer need this leave.

Comments:

I certify that I am unable to work (or telework) because I am caring for a son or daughter who is 18 years old or younger.

Signature of Employee

Date

The employee’s job under the Emergency FMLA is “job-protected”. Upon an employee’s return from leave, employers must restore the employee to their previous position or an equivalent position.

Signature of Human Resources

Date

*”Son or daughter” is defined as a biological, adopted or foster child, a stepchild, a legal ware, or a child of a person taking the place of a parent.