EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE ACT/EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT

CDCR (Rev 10/20)

The Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (E-FMLA) are expanded benefits for employees affected by COVID-19. Under the EPSLA, eligible employees are entitled up to 80 hours of emergency paid sick leave. Under the E-FMLA, employees who have worked for the employer for 30 days are entitled to 12 workweeks of protected FMLA leave and 10 workweeks of paid FMLA leave for specified reasons related to COVID-19. However, eligible employees can elect to use EPSLA for the initial two workweeks of E-FMLA for a total of 12 workweeks of paid leave.

New: Effective 9/21/2020 Labor Code 248.1 allows Health Care Providers (HCP) and Emergency Responders (ER) who were previously excluded from FFCRA certain EPSLA benefits. These benefits are notated with an asterisk * below in Section I.

Note: HCPs and ERs do not qualify for E-FMLA or for EPSLA benefits to care for others or caring for child whose school or place of childcare is closed under Labor Code 248.1.

Select Requested Leave: ☐ EPSLA – Complete Page 1. ☐ E-FMLA – Complete Page 2.

EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE ACT REQUEST

Section I: Employee Information – Complete and submit to your Manager/Supervisor			
Last Name	First Name	PERNR	Position Number
Classification	Email Address	Phone Number	Institution / Facility / Program

HCP and ER Only: Have you received Administrative Time Off (ATO) due to COVID related issues: ☐ Yes ☐ No

Reason for EPSLA request: (Check all that apply)

- ☐ Subject to a Federal, State, or local quarantine or isolation order related to COVID-19.*
- ☐ Advised by a health care provider to self-quarantine related to COVID-19.*
- ☐ Experiencing COVID-19 symptoms and seeking a medical diagnosis.*
- ☐ Caring for an individual subject to a Federal, State, or local quarantine or isolation order or self-quarantine advised by a health care provider related to COVID-19.
- ☐ Caring for your child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.
  Note: EPSLA can be taken intermittently, if the employee is teleworking and it is approved by your supervisor.
- ☐ Experiencing other substantially similar condition specified by the U.S. Department of Health and Human Services.*

Name(s) of individual(s) caring for:__________, __________, __________
Relationship to the individual(s): __________, __________, __________

Date(s) requested for EPSLA due to COVID-19: ☐ Yes ☐ No

Hours Requested:	☐ Substantiation documentation attached.
Employee Signature	Date

Section II: Manager/Supervisor – Complete and forward to the Hiring Authority or Designee

Employee Excluded from Eligibility for FFCRA: ☐ Yes ☐ No **If yes, has the employee received ATO:** ☐ Yes ☐ No

☐ Substantiation documentation received.	If ATO was received how many hours were used:
Supervisor Name	Title
Supervisor Signature	Date

Section III: Hiring Authority (HA) or Designee – Complete and forward to the local Personnel Office		
☐ Approved ☐ Denied * ☐ Other Recommendation(s) *	HA Name	Date

*Document Reason(s) for Denial and/or Recommendations

Hiring Authority or Designee Signature

DISTRIBUTION Original: Official Personnel File

EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE ACT REQUEST – CONTINUED

Section IV: Personnel Office		
☐ Approved ☐ Denied * ☐ Other Recommendation(s) *	Personnel Reviewer	Classification
*Document Reason(s) for Denial and/or Recommendations		
Signature	Date	

EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT REQUEST

Note: Employees on the excluded eligibility list are not eligible for E-FMLA under Labor Code 248.1.

Section I: Employee Information – Complete and submit to Personnel Office		
Last Name	First Name	Employee Phone Number
Position Number	Bargaining Unit	PERNR
Supervisors Name	Supervisor Phone Number	Date of Request

Leave Request

Reason for E-FMLA request: (Check all that apply)

☐ Caring for your child whose school is unavailable or is closed due to COVID-19 related reasons during the child's standard school calendar year. Enter the standard last day of your child's school year:______________________________.

☐ Caring for your child whose childcare provider is unavailable or is closed due to COVID-19 related reasons. Enter the last date of daycare closure:______________________________.

Do you currently have an approved standard Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA) claim for the 2020 calendar year? ☐ Yes No

Name of child or children:_________________________,___________________________,________________________

Relationship to child or children:____________________,___________________________,________________________

Leave of Absence Dates Requested (List all start and end dates if the leave requested is intermittent or incremental.)

Start Date:____________________End Date:_____________________

Start Date:____________________End Date:_____________________

Start Date:____________________End Date:_____________________

You must elect whether or not to use leave credits to cover the initial two workweeks (10 days) of unpaid E-FMLA. Should you elect not to use leave credits your pay will be docked accordingly. Below is a list of options that are available to you.

Please make your election below:

☐ I wish to use EPSLA
☐ I wish to use my pre-existing leave credits
☐ I wish to use my pre-existing leave credits to cover_____(partial number of hours) for the first two workweeks (10 days) of E-FMLA .
☐ I **DO NOT** wish to use leave credits.

In addition to the options above, employees receiving pay at two-thirds may elect to use available pre-existing leave credits to supplement up to full pay.

☐ I wish to receive 100 percent of my monthly salary while on E-FMLA. This will require using my pre-existing leave credits for the Remaining 1/3 supplementation.
☐ I wish to receive__________percent of my monthly salary while on E-FMLA. This will require the use of applicable pre-existing leave credits to supplement my monthly salary. **Note:** Supplement cannot be increased but may be decreased on a prospective basis at Human Resource's discretion.

EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT REQUEST – CONTINUED

Please note: All existing certification requirements under the FMLA remain in effect if you are taking leave for an existing claim under the FMLA.

Employee Signature	Date

Section II: Personnel Office

☐ Approved ☐ Denied * ☐ Other Recommendation(s) *	Personnel Reviewer	Classification

*Document Reason(s) for Denial and/or Recommendations

☐ Substantiation documentation of the parent-child relationship received.
☐ Substantiation documentation of school or child care closures due to COVID-19 received.

Personnel Reviewer Signature	Date