

Emergency Paid Sick Leave and Expanded Family and Medical Leave Application

INSTRUCTIONS

All employees who have used administrative leave on or after April 5, 2020, for a COVID-related reason the employee must complete and submit an application for **Emergency Paid Sick Leave** (page 2). **Please download this form and then complete it electronically.**

Employees who meet the following criteria must apply for **Expanded Family and Medical Leave** (pages 3 & 4) to be eligible for this benefit:

- 1) There is work available for the employee to perform (either in-person or remotely), and
- 2) The employee is unable to work due because they are affected by a COVID-related childcare situation and meet other eligibility criteria.

Eligible employees are to complete this form and return it to the Office of Employee Relations at employee.relations@sanjoseca.gov. Due to the County's shelter in place order and corresponding closure of City facilities, electronic completion of the form and submission via email with are preferred to ensure timely processing.

GENERAL INFORMATION

- City Policy Manual, Section 4.2.15, [Emergency Paid Sick Leave Policy](#)
- City Policy Manual, Section 4.2.16, [Expanded Family and Medical Leave Policy](#)

EMPLOYEE INFORMATION

Name: _____	Employee ID: _____
Department: _____	Personal Email: _____
Classification: _____	Personal Cell: _____
Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Benefited <input type="checkbox"/> Part-Time Unbenefited <input type="checkbox"/> Temporary	

Please enter the total number of hours scheduled each day of the employee's regular work schedule in the table below (do not include any unpaid lunch break time).

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Week #1							
Week #2							

Department Contacts:

Timekeeper's Name: _____	Timekeeper's Phone: _____
Supervisor's Name: _____	Supervisor's Phone: _____

EMERGENCY PAID SICK LEAVE (EPSLA)

Date I first used administrative leave for a COVID-related reason: _____

Was the reason for your administrative leave as of the date above due to Santa Clara County’s shelter in place and corresponding closure of City facilities?

- Yes (if yes, please skip to the Expanded Family and Medical Leave Section on page 3)
- No, I used administrative leave because of one of the following:
 - Another local agency’s COVID-19 quarantine or isolation order (including shelter in place order).
Name of the government entity that issued the quarantine or isolation order: _____
 - Advised by a health care provider to self-quarantine for a COVID-19 reason. Name of the health care provider: _____
 - Experiencing symptoms of COVID-19 and seeking a medical diagnosis
 - Need to care for an individual who is either (select one and fill in prompted information):
 - Subject to a Federal, State, or local quarantine or isolation order (including shelter in place order)
Location of order: _____
 - Advised by a health care provider to self-quarantine due to concerns related to COVID-19
Individual’s relationship to employee: _____
 - Need to care for son or daughter:
 - Child’s school or place of care has closed (attach notice of closure)
Name of the child(ren): _____
Name of the school(s) or place(s) of care: _____
 - Child care provider is unavailable due to COVID-19 related reasons
Name of child care provider: _____
Explain circumstances: _____

Attestation: Do you confirm that there is no other suitable person who will be caring for your child during the period for which you are taking Emergency Paid Sick Leave and/or Expanded Family and Medical Leave. Do you further confirm that you are unable to perform some work (or remote telework), including outside of normal business hours, because of this need to care for your child:

- Yes
- No
- If applicable, explain why work cannot be performed at this time:**

- Initial here to confirm accuracy of this information: _____

- Experiencing a substantially similar condition
 - Explain:

EXPANDED FAMILY AND MEDICAL LEAVE (EFMLA)

Eligibility for Expanded Family and Medical Leave (EFMLA) is predicated on the following:

- Work (or remote telework) must be available for the employee to perform; and
- The employee must need to care for their child due to a school or place of care closure, or the regular childcare provider being unavailable for a COVID-related reason; and
- There must not be another suitable person who is able to provide care for the employee’s child; and
- The employee must be unable to work at all due to the need to care for their child(ren).

You only need to complete this section if you believe you meet the eligibility criteria. If you do not, please sign, date, and submit this form.

Is there work (or remote telework) available for you to perform:

- Yes. Date work became available if the employee was originally placed on administrative leave due to the shelter in place: _____
- No. (If no work is available, you are not eligible for this leave at this time.)

If you answered yes to the above question, please complete the following:

- Child’s school or place of care has closed (attach notice of closure)
 Name of the child(ren): _____
 Name of the school(s) or place(s) of care: _____
- Child care provider is unavailable due to COVID-19 related reasons
 Name of child care provider: _____
 Explain circumstances: _____
- Date employee required leave to begin caring for child: _____
- Anticipated duration (not to exceed 10 weeks): _____

Attestation: Do you confirm that there is no other suitable person who will be caring for your child(ren) during the period for which you are taking Emergency Paid Sick Leave and/or Expanded Family and Medical Leave.

- Yes, I am unable to work at all during this time because: _____
- No, I am able to work in whole day increments. I will work my regularly scheduled hours on the following days each pay period:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Week #1:							
Week #2:							

Initial here to confirm accuracy of the attestation: _____

EXPANDED FAMILY AND MEDICAL LEAVE (CONTINUED)

Request to Use Extended Paid Sick Leave Provided Under EPSLA For First Two Weeks of Expanded Family Medical Leave (EFMLA)

- 1. The first two weeks of EFMLA are to be unpaid, unless you make an affirmative request to take the first two weeks paid under EPSLA.

_____ Yes, I want to use any eligible Extended Sick Leave I have under the EPLSA during the first two weeks of my EFMLA leave.

- 2. If you want to be paid during the first two weeks of EFMLA and you do not have any eligible Extended Sick Leave, you may elect to use any paid leaves balances you may have in the following order: Compensatory Time, Vacation leave, and Personal / Executive leave.

_____ Yes, I want to use any paid leaves balances I may have in Compensatory Time, Vacation leave, and Personal / Executive leave during the first two weeks of my EFMLA leave.

Benefited Employees Only:

After the first two weeks of EFMLA leave, do you wish to supplement your EFMLA leave with your own paid leave in order to be paid 100% of your regular bi-weekly rate? If you elect "Yes," below, leave balances will be used in the following order: Compensatory Time, Vacation leave, and Personal / Executive leave.

_____ Yes _____ No

If you will be unable to return to work at the conclusion of EFMLA leave, you must also complete a [Leave of Absence](#) application and submit these documents to the Human Resources Department.

Signature
(electronic "/s/ plus name" is acceptable)

Date

OER Use Only		
EPSLA: Eligible	Ineligible	EFMLA: Eligible
		Ineligible
		Reviewed By: _____ Date: _____