

City of Waupaca
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
Request for Emergency FMLA (FMLA+) Form
Effective April 1, 2020

SECTION A: EMPLOYEE INFORMATION (if you are able to work from home at this time, you do not need to fill this form out).

Employee Name:	
Date of Request:	
Anticipated Start of Leave Date:	
Anticipated End of Leave Date:	

SECTION B: QUALIFICATIONS (to be eligible for Emergency FMLA, you must be able to check all of the below):

- I am a non-emergency employee that has been on the payroll for 30 calendar days
- I am caring for a minor child whose school or place of care is closed, or childcare provider is unavailable, due to a public health emergency (COVID-19).

** Please note you may be eligible for state or federal Family Medical Leave (FMLA).*

Contact the City Administrator or Finance Director for additional information and eligibility requirements. Please note that the total number of weeks you may take for Emergency FMLA is limited to how many weeks of traditional FMLA you have already taken this calendar year. If you intend to take traditional FMLA later this year, please keep in mind using this Emergency FMLA will decrease your available time to take later for another FMLA reason.

SECTION C: PAY AND BENEFITS

The first ten (10) days (two weeks) are unpaid, but an employee can substitute accrued paid leave, including emergency paid sick leave. The remaining ten (10) weeks are paid at 2/3 of the employee's regular rate, for the number of hours the employee would otherwise be scheduled to work with a maximum payment of \$200 per day and \$10,000 total. Benefits continue as normal. Employees may, as an alternative, use accrued time including future 2020 sick leave that has not been accrued if an employee would like to receive 100% of their rate of pay. Supplementing the 2/3 pay with accrued time to make 100% is not allowed.

Please check the applicable box as it pertains to how you will like to be paid for the first two weeks (please select only one):

- I will take the first two weeks as unpaid.
- I will use the new Emergency Paid Sick Leave to cover the first two weeks (please proceed to fill out the Request for Emergency Paid Sick Leave Form too).
- I will use my accrued time for the first two weeks (this may include sick leave I have not yet earned for 2020). I note by checking this box and signing this Request for Emergency FMLA that any sick leave that is taken and not accrued should I end employment, will be paid back to the City through my last paycheck. If the

final paycheck is not enough to cover the unused leave, then an invoice will be sent and is payable within 30 days.

Please check the applicable box as it pertains to how you will like to be paid for up to the remaining ten (10) weeks:

I will get paid the 2/3 of my regular rate for the number of hours I otherwise would have been scheduled to work with a maximum payment of \$200 per day and \$10,000 total.

I will use my accrued time, (this may include sick leave I have not yet earned for 2020). I note by checking this box and signing this Request for Emergency FMLA that any sick leave that is taken and not accrued should I end employment, will be paid back to the City through my last paycheck. If the final paycheck is not enough to cover the unused leave, then an invoice will be sent and is payable within 30 days.

SECTION D: CONSECUTIVE AND INTERMITTENT LEAVE

I will be taking this time off consecutively (every day).

I will be taking this time intermittently meaning, there will be some days I will be able to be at work and some days I will not.

** Intermittent schedules must be discussed and approved by your supervisor ahead of time.*

Employee Signature:

Date:

Please submit this completed form to Department Head and include documentation if you have that available.