

REQUEST TO PARTICIPATE IN THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT Office of Human Resources

DGS OHR 33e (New 04/2020)

Effective April 1, 2020, the Federal Government enacted the Families First Coronavirus Response Act, which enacted both the Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (E-FMLA).

Submit completed request form to: DGSOHREmergencyFMLA@dgs.ca.gov

NOTE: Provide documentation along with this request form (i.e., school/place of care closure notice).

SECTION 1 – EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MI	POSITION NUMBER	ABMS NUMBER
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SECTION 2 – TYPE OF LEAVE REQUEST (SELECT ONE)

I request to use Paid Sick Leave under the EPSLA. Complete Section 3 and 5.

I request to use E-FMLA. Complete Section 4 and 5.

I request to use Paid Sick Leave under the EPSLA **AND** E-FMLA. Complete Sections 3, 4 and 5.

SECTION 3 – EMERGENCY PAID SICK LEAVE ACT

BEGINNING DATE OF LEAVE

END DATE OF LEAVE

Specify which criteria, under EPSLA, employee is subject to (See criteria for EPSLA on Page 2):

FREQUENCY

Complete the below only if you have selected EPSLA Criteria #5 or are teleworking. Specify the date and the number of paid sick leave hours you wish to apply.

Date										
Number of Hours										

Total Number of Hours:

SECTION 4 – EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT

BEGINNING DATE OF LEAVE

END DATE OF LEAVE

SUPPLEMENTATION (REQUIRED)

I elect to utilize sufficient leave credits to receive 100% of my salary:

YES; Identify type of leave credits (e.g., Vacation, Annual Leave, Sick, etc.):

NO; I understand my decision is voluntary and irrevocable.

FREQUENCY

Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday
Number of Hours per Day					

SECTION 5 – EMPLOYEE CERTIFICATION

By signing below, I certify the information above is accurate and true to the best of my knowledge.

EMPLOYEE SIGNATURE

BEST CONTACT PHONE NUMBER

DATE

EMPLOYEE INFORMATION (FROM PAGE 1)

LAST NAME FIRST NAME MI POSITION NUMBER ABMS NUMBER

SECTION 6 – OFFICE OF HUMAN RESOURCES USE ONLY

DATE REQUEST RECEIVED TYPE OF LEAVE REQUEST (SELECT ONE) EMPLOYEE TIMEBASE

Paid Sick Leave E-FMLA Both

1. HAVE PREVIOUS PAID SICK LEAVE AND E-FMLA REQUESTS BEEN APPROVED FOR THE ABOVE EMPLOYEE?

NO YES; specify type of leave and number of hours used:

2. DOCUMENT THE DATE AND NUMBER OF LEAVE HOURS APPROVED FOR THIS REQUEST.

3. IF REQUEST IS RETURNED TO EMPLOYEE, SPECIFY REASON:

DATE(S) LEAVE APPLIED	ATO-EPSLA	E-FMLA

RETURN TO WORK COORDINATOR NAME SIGNATURE DATE

EMERGENCY PAID SICK LEAVE ACT (CRITERIA)

Under EPSLA, employee must meet one of the following criteria:

1. Employees who are subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. Employees who have been advised by a health care provider to self-quarantine related to COVID-19;
3. Employees who are experiencing COVID-19 symptoms and are seeking a medical diagnosis;
4. Employees who are caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Employees who are caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. Experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. (Please consult with the Office of Human Resources on substantially-similar conditions.)

EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (CRITERIA)

E-FMLA requires certain employers to provide employees who have worked for the employer for 30-days with up to 12-workweeks of paid FMLA leave for specified reasons related to COVID-19. Specifically, eligible employees can take up to 12-workweeks of leave to provide care for their child whose school or daycare is closed because of COVID-19. Employees do not have to have worked for the employer for 12-months or have worked 1,250 hours in the 12-months preceding the leave to be eligible for E-FMLA.

E-FMLA utilizes the same 12-week entitlement as FMLA. If an employee has used any of their 12-week entitlement under FMLA, the entitlement under E-FMLA will be reduced by the amount already used.