



EMERGENCY FMLA EXPANSION LEAVE REQUEST

Applicant Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Work Location: _____

Scheduled Weekly Hours: _____

Requested Start Date: _____

Estimated End Date: _____

Continuous Intermittent – Include Schedule: _____

HR Use Only

Intermittent Absence Frequency: _____ times per _____ week(s) x _____ mth(s) Duration: _____ hours or _____ day(s) per episode

Purpose of Emergency Family and Medical Leave Expansion:

Effective April 1, 2020 and ending December 31, 2020, employees who have been employed by the County for at least thirty (30) days, excluding emergency responders and medical care providers, are eligible for this leave if they are unable to work due to care of the employee's child under eighteen (18) years of age as a result of school or childcare closure due to COVID-19.

Leave is to Care for: Child – age _____

Leave is result of: School Closure – School _____

Childcare Closure – Provider _____

Waiting Period:

There is a ten (10) day waiting period before emergency FMLA expansion leave takes effect. During that waiting period, I am requesting to use leave as follows:

Accrued paid leave - type: _____ dates: _____

 type: _____ dates: _____

 type: _____ dates: _____

FFCRA Emergency paid sick leave - dates: _____

Unpaid leave - type: _____ dates: _____

 type: _____ dates: _____

I understand that any absence without approval may constitute cause for termination.

SIGNATURE OF EMPLOYEE

DATE

[] Approved [] Disapproved

SIGNATURE OF DEPARTMENT DIRECTOR

DATE

[] Approved [] Disapproved

SIGNATURE OF HUMAN RESOURCES DIRECTOR

DATE

Comments:

HUMAN RESOURCES USE ONLY:		EMPLOYED FOR 30 DAYS?		LEAVE FOR CARE OF CHILD UNDER 18?		RESULT OF SCHOOL/CARE CLOSURE?	
EFFECTIVE DATE	ACTION	STATUS	STATUS DATE	LOA REASON	LOA RETURN DATE	JOB END DATE	INPUT DATE/INITIALS

**PIERCE COUNTY – EMERGENCY FMLA EXPANSION LEAVE REQUEST
INSTRUCTIONS**

1. Employee completes the Leave Request Application form and submits it to their supervisor.
2. The form must be given to the Department Director, who then approves or denies the request.
3. If approved by the Department Director, the department forwards the Leave form to the Human Resources Department via e-mail to: HRLeaveAdmin@piercecountywa.gov.
4. The Human Resources Director approves or disapproves the request.
5. The employee and originating department are sent a copy of the Request which includes the Human Resources Director's approval/disapproval, as well as any further instruction.
6. Finance/Risk Management will notify the employee of any effect the leave may have on the continuation or discontinuation of their benefits.