

CITY OF SPOKANE

EMERGENCY PAID FMLA LEAVE (PHEL/FMLA)

REQUEST FORM

Employee: route signed Request Form to erahrclerks@spokanecity.org for HR review/processing.

EMPLOYEE NAME _____ EMPLOYEE ID# _____

DEPT _____ SUPERVISOR: _____

DO YOU WORK FT (80-hr pay period) PT If PT, average hours weekly? _____

DATE(S) for Requested Leave _____

Emergency Paid Sick Leave or other PTO may be used, if applicable, for the first 10 days of unpaid **Emergency FMLA Leave**. Please include the first 10 days when calculating dates for leave.

Have you worked for the City of Spokane longer than 30 calendar days? YES NO

Have you utilized FMLA leave (non-COVID-19 related) in the past 12 months? YES NO

Approved leave will be paid at 2/3 the employee's regular rate of pay, up to a maximum of \$200 per day.

Do you wish to supplement approved paid leave with available sick leave PTO? YES NO

I attest that I am eligible for Emergency Paid FMLA Leave due to the following:

To care for a son or daughter under 18 years of age because their school/place of care has been closed or the child care provider is unavailable due to the current public health emergency and there is no other suitable person available to care for the child during the period of requested leave.

Name of child(ren):

Name of school or care provider that is close/unavailable:

I attest that I am unable to work or telework during the time frame for which leave is requested

**Human Resources will verify with supervisor that work or telework is unavailable*

Employee Signature (or Employee Designee)

Date

Route to erahrclerks@spokanecity.org

This section completed by Human Resources

FMLA hours available:

Emergency Paid FMLA hours Approved:

Human Resources Representative Signature

CC: PAYROLL, PAYROLL CLERK, SUPERVISOR, EMPLOYEE

Approved **Emergency Paid FMLA Leave** hours are to be coded in the time sheet as "Emergency FMLA" in PeopleSoft