



REQUEST FOR EMERGENCY EXPANSION OF FAMILY & MEDICAL LEAVE FOR CHILDCARE

In Accordance with the Families First Coronavirus Response Act (U. S. House Bill 6201), #5

Employee Name _____ Department _____

I am unable to work or telework (defined as *Work From Home* in A.D. 4.93) due to a need to care for my son/s or daughter/s under age 18, because his/her school or child-care provider is closed due to this public health emergency. As defined by law, this childcare provider is *a provider who receives compensation for providing childcare services on a regular basis.*

Name of Child/ren _____ Ages _____

School/s _____ Paid Childcare Provider _____

I have worked for the City of Portsmouth for at least 30 days and request Emergency Family & Medical Leave in full-day increments as follows (I understand that the schedule I request cannot be flexible):

Entire workweek				
Modified Schedule	Sundays	Mondays	Tuesdays	Wednesdays
	Thursdays	Fridays	Saturdays	

My first day out _____ Last day out (no later than 12 full weeks from first day out) _____

I have attached proof that my child's school or childcare provider is closed (newspaper or web article, email, building sign, etc.) required in the event the City of Portsmouth becomes eligible for reimbursement.

If I have not yet used any portion of my two weeks' *Emergency Paid Sick Leave*, I understand the City of Portsmouth waives the 10-day waiting period allowed by federal law and will pay the *Emergency Paid Sick Leave* or any remaining portion during the initial two weeks of absence at 100% (80-hour maximum) if I so desire. I request any applicable paid leave balances in this order (please number, with 1 being the first leave to be used):

Emergency Paid Sick Leave	Compensatory	Personal	Vacation	Earned Time
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If I continue to be out after the initial two weeks, my absence for this purpose will be paid at two-thirds my regular rate of pay (up to a maximum allowed of \$200/day to an aggregate total of \$10,000) for the additional time allowed, up to the maximum of 12 weeks in a single 12-week period for all Family & Medical Leave reasons combined.

My out-of-work contact information is: Email _____ Telephone _____

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that if this information is not received by Human Resources within the allowed timeframe according to the federal FMLA guidelines, my leave will be considered unauthorized. I understand I will need to notify my department and/or Human Resources immediately if any of the information above should change.

Employee Signature Date Supervisor (Denotes notification, not approval) Date

Please save this form to your device, then attach with the proof requested, to your email addressed to kaharper@cityofportsmouth.com AND to the appropriate member of your department's management team.