



# LONG BEACH CITY COLLEGE

## REQUEST FOR COVID-19 FMLA LEAVE

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Department: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Date Leave Begins: \_\_\_\_\_  
 Expected Duration of Leave: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

**I am unable to work or telework and request to use COVID-19 expanded family and medical leave for the following reason:**

\_\_\_\_\_ I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons

**(Proof of school/place of care closure may be required)**

### Method of Leave Requested

- \_\_\_\_\_ A. Consecutive Leave (Date Range): \_\_\_\_\_
- \_\_\_\_\_ B. Intermittent or Reduced Leave Schedule\* (Complete schedule grid on page 2)

\*Intermittent or Reduced Leave scheduling will be **determined on a case-by-case basis**. Please note, intermittent expanded family and medical leave will only be considered if you and your manager have agreed upon a tentative schedule and you include that tentative schedule on page two of this request form. For example, you and your manager could tentatively agree to having you work on Tuesdays and Thursdays while you take expanded family and medical leave on Mondays, Wednesdays, and Fridays.

\*Supervisor (Name): \_\_\_\_\_

\*Supervisor (Signature): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Tentative Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00					
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					
10:00					

### Completion Instructions

Using your regularly scheduled work hours (e.g. 8-5), please indicate the hours you plan on working and the hours during which you plan on taking COVID-19 FMLA leave in the grid using the following codes:

- WORK - place in every day/hour you are planning to work
- COVID-FMLA - place in every day/hour you are planning on taking COVID-FMLA

### Pay Under COVID-19 FMLA:

This Act is Effective beginning April 1, 2020 and will sunset on December 31, 2020.

- The first 10 days of leave are unpaid but an employee has two options to maintain their salary during this period. An employee may request to use the 80 hours of Emergency Paid Sick Leave or an employee may substitute any accrued paid leave.
- After the first 10 days, an employee will be paid at 2/3rd of his/her regular rate of pay. This additional 2/3rd pay is limited to \$200 per day or \$10,000 total for the remaining 10 weeks.