



EMERGENCY Family Medical Leave Act (EFMLA) REQUEST FORM

The U.S. Senate passed the Families First Coronavirus Response Act (FFCRA) on March 18, 2020 and the law is effective April 1, 2020. Unless extended, this policy expires December 31, 2020.

All permanent employees, who have worked for the City for 30 calendar days prior, in an active assignment status at the time of the qualifying need are eligible, unless otherwise excluded.

- The first 10 days (80 hours) of EFMLA leave under the new qualifying need are unpaid. The employee may elect to use other accrued leave (sick, vacation, comp, or personal day) to receive pay during those 10 days. *However, employee may take their 80 hours of EPSL for the first 10 days of EFMLA – they run concurrently if used for school/childcare closures under EPSL.*
- After the first 10 days (80 hours) of EFMLA leave under the new qualifying need, an employee will receive paid leave in an amount equal to 2/3 of the employee's regular hourly rate.
- Pay is capped at \$200 per day and \$10,000 in aggregate per employee. Part-time employee's pay is based on the average number of hours employee would normally be scheduled to work per week.

(See Administrative Order for full details: <https://ci.billings.mt.us/417/Forms-and-Resources>)

Communication will be done electronically regarding approval and/or additional information required.
Email completed form & any supporting documents to Human Resources: FMLA@billingsmt.gov

(All fields required for processing)

Employee Name: _____ Employee Phone #: _____

Employee Email (*required*): _____ Hire date: _____

Dept/Division: _____ Employee Title: _____

Your Supervisor's name: _____

FFCRA added a Qualifying Need Related to a Public Health Emergency to the existing FMLA list of qualifying events or needs:

"The employee is unable to work (or telework) due to the need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the childcare provider of such son or daughter is unavailable, due to a public health emergency."

Request Begin Date: _____ **Est. End Date:** _____

I alone am caring for my child(ren) during this EFMLA request period : **YES** **NO**

Is your leave request: Continuous OR Intermittent (*if intermittent, describe below planned intermittent schedule*)

Documentation Required: Full name & age of your child(ren) and what school/daycare they attend

Additional comments:

I acknowledge that I am *unable to work (or telework)* for my City of Billings position. I acknowledge that this request is not valid until Human Resources approves it. I also acknowledge, I will communicate electronically any changes to this request ASAP to Human Resources at FMLA@billingsmt.gov Lastly, I acknowledge that Human Resources will respond to this request using the email I have provided.

Employee's electronic signature

Date