



Currituck County
Families First Coronavirus Response Act (FFCRA)

**Emergency Family Medical Leave Expansion Act
Application**

In accordance with the Currituck County policy on FMLA and the Emergency Family Leave Expansion Act, which goes into effect April 1, 2020, I hereby request **Emergency Family Medical Leave** for the following reason:

- I am unable to work or telework due to a need for leave to care for son or daughter under 18 years of age if the school or place of care has been closed, or the child care provider of my child is unavailable due to an emergency with respect to COVID-19 as declared by a federal, state or local authority.
- I am requesting this **Emergency Family Leave** effective: _____.

Documentation needed for Child Care/School Closing:

Your name;

The date(s) for which you request leave;

The reason for leave;

The name of your child;

The name of the school, place of care, or child care provider that has closed or become unavailable; and a statement that no other suitable person is available to care for your child.

In addition to the above information, you must also provide Currituck County written documentation in support of your leave as specified in applicable IRS forms, instructions, and information.

A statement that you is unable to work because of the above reason.

By signing below, I understand and acknowledge all of the following:

1. The first 10-days of **Emergency Family Leave** is unpaid, and I may choose to apply for Emergency Paid Sick Leave under the Families First Coronavirus Response Act, which I will apply for under a **separate** application.

2. I may choose to use my accrued compensatory time, sick time or vacation time for the 10-days of unpaid **Emergency Family Leave** instead of applying **Emergency Paid Sick Leave** under the Families First Coronavirus Response Act. It is solely my responsibility to complete the necessary Request for Leave documentation or provide other like documentation such as an email to the Human Resources Department in order to notify Payroll of how I plan to be compensated for the 10-day unpaid period of **Emergency Family Leave**.

3. Following the first 10-days unpaid under this policy, **Emergency Family Leave** will compensate me at 100% of my regular rate of pay for up to 10-weeks or as long as a federal, state, local COVID-19 state of emergency is in effect. I understand after the first 10-days of Emergency Family Leave I will be required to use my accrued compensatory time, sick time and/or vacation time to run concurrently with Emergency Family Leave. After my leave balances have been exhausted I will go on leave-without-pay.

4. Emergency Family Leave time will count towards my FMLA entitlement of 12 weeks measured forward from the date of my first use of FMLA leave period for all FMLA qualified reasons.

5. Emergency Family Leave may be taken intermittently. I will coordinate my work and Emergency Family Leave schedule with my immediate supervisor. I am responsible for clearly noting my Emergency Family Leave time and my hours of work, if any, on my timecard.

6. The employment tax provisions of the FFCRA are found in the legislation. Currituck County will comply with these rules.

7. All other provisions of the Currituck County FMLA policy apply.

8. This policy is in effect for as long as a federal, state or local COVID-19 state of emergency is in effect, and in any event only through December 31, 2020.

9. My request for Emergency Family Leave is conditionally approved. Human Resources will write to me further regarding any clarification needed on my application and my approval status.

Name: _____ Signature: _____

Date Signed: _____ Phone Number : _____

ED: 04/01/2020