

**Families First COVID-19
Emergency Paid Leave/**

CITY OF CREEDMOOR

Expanded Family & Medical Leave Request Form

Employee Name:	Department:
Type of Leave Requested (check all that apply and attach required documentation): <input type="checkbox"/> Emergency Paid Sick Leave (up to 80 hours) <input type="checkbox"/> Expanded Family & Medical Leave (up to 12 weeks) <i>Per the City of Creedmoor Families First Coronavirus Response Act Policy, law enforcement officers, tele-communicators, public works personnel, and essential City Hall personnel are excluded from the Expanded Family and Medical Leave benefit.</i>	
Date of Requested Leave From: _____ To: _____	
Reason for Leave: Please check the number of the statement that applies to you. <input type="checkbox"/> 1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19. <input type="checkbox"/> 2. You have been advised by a health care provider to self-quarantine because of COVID-19. <input type="checkbox"/> 3. You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis. <input type="checkbox"/> 4. You are caring for an individual or are advised to quarantine or isolate. <input type="checkbox"/> 5. You are caring for a child whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 precautions. <input type="checkbox"/> 6. You are experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.	
Briefly explain reason for leave request: (If leave is to care for a family member, please specify your relationship to the family member)	
I am requesting leave on an intermittent or reduced leave schedule. <input type="checkbox"/> Yes <input type="checkbox"/> No I anticipate that I will need the leave on the following schedule (attach additional pages as needed):	
Employee Signature:	Date:
<i>You will be notified by the Human Resources Officer of receipt of your leave request and whether any additional information is necessary.</i>	
Department Head Signature:	Date Received:
<i>Immediately forward request form to the Human Resources Officer.</i>	
Human Resources Officer Signature:	Date Reviewed/Approved: