



# FFCRA-PROTECTED LEAVE APPLICATION FORM

## *Public Health Emergency Leave*

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Dept/Division: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Anticipated Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I have been employed with the City of Woodburn for at least 30 days: \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Reason for FFCRA Protected Leave:**

☐ I am unable to work or telework due to a need to care for a child(ren) under 18 years old because the child(ren)'s school or place of care has been closed; or care provider is unavailable due to a public health emergency related to COVID-19.

☐ My supervisor has offered me telework because I need to care for a child(ren) under 18 years old because the child(ren)'s school or place of care has been closed; or care provider is unavailable due to a public health emergency related to COVID-19. I would like to make an arrangement for intermittent telework and FFCRA Protected Leave.

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☐ I have attached my documentation (ie. notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.)

*I understand that the first 10 days of FFCRA Protected Leave is unpaid, and that I may use Emergency Paid Sick Leave or my own leave to cover the first 10 days if I choose to. I understand that after the first 10 days I will receive paid protected leave in the amount of 2/3 of my hourly rate, up to \$200 a day with a maximum of \$10,000 allowed. I understand that the City is allowing me to make myself whole after the first 10 days, utilizing whatever leave I have available to me. I understand that if I am teleworking or have an alternative work schedule intermittently and need to make a change to that schedule that I will contact my supervisor and Human Resources to update our agreed upon intermittent schedule prior to making the change. I understand that Protected Leave is up to 12-weeks in a rolling year and includes any Protected Leave I may have used in my rolling year prior to April 1, 2020.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_