

City of Houston

Human Resources Department

Application for Emergency Family and Medical Leave (EFML)

The ***Emergency Family and Medical Leave Expansion Act (EFMLEA)*** in general, provides eligible employees of covered employers with up to 12 weeks of job protected leave for *Emergency Family and Medical Leave (EFML)*. The first 10 days (i.e., two work weeks) of the *Emergency Family and Medical Leave* is **unpaid, unless** the employee chooses to use **either** the *Emergency Paid Sick Leave* (described in Section III below) or the employee's own appropriate accrued leave. After the first two weeks, if the *EFML* continues, the employee can receive up to ten more weeks of **paid leave** (described in Section IV below). To be eligible for the *EFML*, an employee must have been employed with the City of Houston for at least 30 calendar days from the date leave is taken. This form is to be used pursuant to and in accordance with A.P. 3-37 (including without limitation, the terms defined therein).

SECTION I – Employee Information

Name: _____ Employee #: _____

Home Address: _____
(Street # and Name) (City) (State) (Zip)

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Email: _____ Date of Hire: _____

Department & Division: _____

Supervisor's Name: _____ Supervisor's Telephone: _____

SECTION II – Child(ren) Information

Please initial below

_____ I am requesting ***EFML***, as I am unable to work (or telework) due to a need to care for my son(s) or daughter(s) because the child's school or place of care has been closed, or the child care provider is unavailable, due to a public health emergency AND no other suitable person will be providing care for the son or daughter during the period requested for leave. Generally, an employee does not need to take such leave if another suitable individual— such as a co-parent, co-guardian, or the usual child care provider—is available to provide the care the employee's child needs.

Name of Son(s) or Daughter(s)	Name, of School, Place of Care, or Child Care Provider	School, Place of Care, or Provider Currently Closed for reasons related to COVID-19
(1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE MUST IMMEDIATELY NOTIFY HUMAN RESOURCES WHEN THE CHILD(REN)'S SCHOOL, PLACE OF CARE OR PROVIDER REOPENS OR BECOMES AVAILABLE.

EMPLOYEE SHALL SUBMIT SUFFICIENT SUPPORTING DOCUMENTATION IN COMPLIANCE WITH AP 3-38: EMERGENCY FAMILY AND MEDICAL LEAVE

SECTION II (A) – STATEMENT OF SPECIAL CIRCUMSTANCE EXIST

If you are requesting leave due to your inability to work or telework because of extenuating circumstances, such as serious COVID-19 symptoms, please provide a written statement below describing the special circumstances that exist:

SECTION III – Employee Election of Leave Type During Initial 2-Week EFML Period

During my first two weeks of *Emergency Family and Medical Leave*, I: (INITIAL ONLY ONE OPTION BELOW)

Option 1

_____ Want to utilize my *Emergency Paid Sick Leave* (limited to 80 hours for full-time employees and fewer hours for part-time employees) during the first ten days of *Emergency Family and Medical Leave*. **If the amount I receive from the *EPSL* is less than my regular pay rate, I want to use my accrued personal leave, and then accrued vacation leave to bridge the difference.**

Option 2

_____ Want to *only* utilize my *Emergency Paid Sick Leave* (limited to 80 hours for full-time employees, fewer hours for part-time employees) during the first ten days of *Emergency Family and Medical Leave* and I know I may receive less than my regular rate of pay depending on the basis for the leave.

Option 3

_____ Want to use *only* my accrued personal leave, and then my accrued vacation leave during the first ten days of *Emergency Family Medical Leave*.

Option 4

_____ Want to *only* use unpaid leave during the first ten days of *Emergency Family and Medical Leave*.

SECTION IV - Employee Election of Leave Type During Final 10-Week EFML Period

After my first two weeks of *Emergency Family and Medical Leave*, I understand I will utilize my remaining *Emergency Family and Medical Leave* and want to: (INITIAL ONLY ONE OPTION BELOW)

Option 1

_____ If my *EFML* is less than my regular pay rate, I want to use my accrued personal, compensatory, and/or vacation leave to bridge the difference.

Option 2

_____ I do not want to use my accrued available leave and I know I may receive less than my regular rate of pay.

SECTION V – Certification Statement

I certify that the information above is accurate. I understand I must provide necessary documentation from my child(ren)'s school, place of care, and/or child care provider. I also know I must notify my immediate supervisor and/or Human Resources immediately if any of the information above should change. I am requesting that my EFML begin on _____ and conclude at the end of my regularly scheduled shift on _____.

MM/DD/YYYY

MM/DD/YYYY

I acknowledge that if the City (i.e. my Department Director, the Human Resources Director or designee, or the Office of Inspector General) determines that I have received benefits under the EFMLEA fraudulently or knowingly made a false statement in requesting or continuing EFMLEA, I shall be subject to corrective action up to and including an indefinite suspension or termination. I also acknowledge that I will be responsible for repaying the City for any fraudulent leave payments received, which may include the use any of appropriate accrued leave during the time I used EFLMEA fraudulently and/or a repayment plan.

Employee Signature: _____ Date: _____

The employee's request for *EMFL* is not approved until this application is completed, sufficient supporting documentation has been submitted, AND the employee is advised by a HR representative of employee's approval.