



POLICE AND FIRE DEPT. CORONAVIRUS

Leave Request Form

The Police and Fire Coronavirus Leave begins April 1, 2020 and ends December 31, 2020.

ELIGIBILITY

All Police and Fire department employees are eligible for qualifying leave reason #1 and #2 as of April 1, 2020. Qualifying reason #3 requires that you be employed by the City for 30 days.

INSTRUCTIONS FOR TAKING LEAVE

Please check one box for the reason you are applying for leave.

E- mail your completed form to: **Tracy Stiles, Fire Dept. / Shawn Marthiljohni, Police Dept.**

CORONAVIRUS LEAVE

This applies for an employee who is unable to work (or telework) due to a need for leave due to a qualifying reason as listed below. Please see the section on Coding Kronos and Pay for how to report your leave time.

CODING KRONOS AND PAY WHILE ON LEAVE

Qualifying Reasons	Kronos	Pay Amount	Maximum
Reason #1	Emergency Sick	Regular Base Rate	Full-Time 80 hours Part-time 40 hours Shift Firefighters 120 hours
Reason #2	Emergency Sick	Regular Base Rate	Full-Time 80 hours Part-time 40 hours Shift Firefighters 120 hours
Reason #3 (Expanded 10 Weeks)	Expanded Sick Childcare	2/3 of your regular base rate	Full-Time 400 hours Part-Time 200 hours Shift Firefighters 600 hours Maximum aggregate of \$10,000 for full-time and \$5,000 for Part-Time
THE MAXIMUM ALLOWED IS INCLUSIVE OF ALL REASONS			
For qualifying reason #3, you may use your accrued leave to supplement pay.			

Employee Name: _____

Department: _____

Supervisor: _____

Best Contact Number for Employee: _____

Date Leave to Begin:

Estimated Date of Return:

QUALIFYING REASONS-Emergency Paid Sick Leave (80/120 hrs.) Paid at 100%.

- 1. Any sick reason as defined by City Sick Leave Policy.
- 2. The employee is caring for a minor son or daughter the school or place of care for the minor has closed, or the childcare provider of minor is unavailable, due to COVID-19 precautions. Provide at least one child's name and provider information for this reason.

QUALIFYING REASONS-Expanded FMLA Paid rate at 2/3

- 3. The employee is caring for a minor son or daughter the school or place of care for the minor has closed, or the childcare provider of minor is unavailable, due to COVID-19 precautions. **You may take up to 12 weeks for this purpose, however, that 12 weeks will be reduced by any FMLA you have already taken during the 12-month period prior to the leave start date.** Provide at least one child's name and provider information for this reason.

For qualifying reason #2 or #3, please complete the following:

Minor child's name:	Click or tap here to enter text.
DOB for child:	Click or tap here to enter text.

Please specify why you are requesting EFMLA:	<input type="checkbox"/> School/Daycare Closure Name of school or daycare that is closed: <input type="text"/> Click or tap here to enter text. School or daycare contact information: <input type="text"/> Click or tap here to enter text.	
	<input type="checkbox"/> Childcare Provider Unavailable Name of childcare provider: <input type="text"/> Click or tap here to enter text. If childcare provider unavailable, was this provider a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No If childcare provider was a family member, please indicate why they are unavailable now or attach a note they prepared. <input type="text"/> Click or tap here to enter text.	
Type of leave requested:	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <i>Note: Intermittent childcare leave must be taken in no less than one-hour intervals.</i>	
Please provide the reason, frequency, and duration for intermittent requests:	<input type="text"/> Click or tap here to enter text.	
For qualifying reason #3, do you wish to use a 1/3 of your available leave accrual?	<input type="checkbox"/> Yes Specify leave to use <input type="checkbox"/> No	

Approvals

Approvals of the Police and Fire Dept. Coronavirus Leave forms by Human Resources confirm eligibility only.

Specific dates for leave must be approved by your department.

Employee Name:

(PRINT) Employee: _____ Date: _____

Employee ID Number: _____ **Employee birthyear:** _____

Any person who knowingly and with intent to defraud or files the claim containing any materially false information or conceals for the purpose of misleading is subject to disciplinary action up to termination. By entering my employee number and birth year I affirm that the information I am providing is true and accurate to the best of my knowledge and belief.

Reminder to e-mail your completed form to your department contact:

Tracy Stiles, Fire Dept.

Tstiles@friscotexas.gov

Shawn Marthiljohni, Police Dept.

SMarthiljohni@friscotexas.gov

HUMAN RESOURCES USE ONLY			
Employee employed for 30 days?		Employee Dept:	
Leave Approved? HR Initials:		Supporting Documents?	
HR Approved/Eligible:		Employee have available	
<u>POLICE AND FIRE DEPARTMENT HEAD SIGNATURE</u>			
X _____		Date: _____	
Approved		Deny	