

Application for Family and Medical Leave Under the Families First Coronavirus Response Act

INSTRUCTIONS to the EMPLOYEE: Eligibility for expanded Family and Medical Leave is available to any City of Dallas employee, other than healthcare providers or emergency responders, who has been employed by the City for more than 30 days, if the employee is unable to work (or telework) due to a need for leave to care for a son or daughter under 18 years of age of the employee if the school or place of care has been closed, or the child care provider of the employee's son or daughter is unavailable, due to the COVID-19 pandemic. Generally, leave is not available if there is another suitable person who can provide care for the son or daughter during the period requested for leave. 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.

Answer all questions fully and completely and be sure to sign the form on the last page. Be advised that your supervisor may be contacted regarding the nature of your job functions and the possibility of you working remotely. Employees who are not health care providers or emergency responders are requested to submit your completed form as follows: FamilyLeave@dallascityhall.com. You may also submit your request verbally by contacting the Human Resources Service Center at 214-670-5405.

Be advised that, if your application is approved, any right to family and medical leave under the Families First Coronavirus Response Act terminates on December 31, 2020, the date you exhaust the family and medical leave available to you, the date your child(ren) is/are able to return to school or their place(s) of care, or the date your child care provider(s) become available, whichever event occurs first. You are required to notify your supervisor immediately once the child(ren) for whom you are requesting leave is/are able to return to school or their place(s) of care, or once your child care provider(s) become available.

Your name: _____
First Middle Last

Your date of hire: _____ Department: _____

Your job title: _____ Employee ID #: _____ Regular work schedule: _____

Your job functions: _____ Mobile Phone Number: _____

Name of your supervisor: _____
First Last

Supervisor's telephone number: _____

Do you have a child(ren) under 18 years of age (or a disabled, dependent child over the age of 18 who is incapable of self-care), whose school or place of care has been closed or whose child care provider is unavailable due to a Federal, State, or local authority declaring an emergency with respect to COVID-19?

Yes _____ No _____

If so, are you unable to work or telework due to a need to care for the child(ren)? Yes _____ No _____

Will no other suitable person be caring for the child during the period of your requested leave?

Yes _____ No _____

If your child(ren) is between the ages of 15-17, what special circumstances are present that require you to take this leave?

Are you seeking intermittent leave? Yes ___ or No ___. If yes, please describe your proposed schedule for taking intermittent leave. (Please note that intermittent leave will only be available if both you and your supervisor agree).

(1) Name of child: _____

Relationship of family member to you: Son ___ Daughter ___

Child's year of birth: _____

Name of school, place of care, or childcare provider that has been closed or become unavailable:

(2) Name of child: _____

Relationship of family member to you: Son ___ Daughter ___

Child's year of birth: _____

Name of school, place of care, or childcare provider that has been closed or become unavailable:

(3) Name of child: _____

Relationship of family member to you: Son ___ Daughter ___

Child's year of birth: _____

Name of school, place of care, or childcare provider that has been closed or become unavailable:

By my signature below, I certify that I have, to the best of my knowledge, provided full and complete information in this application.

Employee Signature

Date