



COOK COUNTY BUREAU OF HUMAN RESOURCES
EMERGENCY FAMILY AND MEDICAL LEAVE REQUEST FORM
(Family and Medical Leave Policy)
(Extended)

Employee Name (Last, First, MI): _____

Employee ID #: _____ Position Title: _____

Employee Contact (phone and email): _____

Supervisor Name and Contact (phone and email): _____

Absence Start Date: _____ Absence End Date: _____

Employees may request Emergency Family and Medical Leave for specific reasons related to COVID-19 from April 1, 2021 through September 30, 2021.

Refer to the Revised Personnel Rules Addendum effective April 1, 2021 for updated information.

Eligibility for the Emergency FMLA

- A full-time or part-time employee who is unable to work or telecommute and I am requesting Emergency FMLA for the following reasons:
 - I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
 - Name of the governmental entity ordering the quarantine/isolation: _____
 - I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19;
 - Name of the Healthcare professional advising self-quarantine/isolation: _____
 - I am experiencing COVID-19 symptoms and seeking medical diagnosis;
 - I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 and I have been exposed to COVID-19 or the County has requested a COVID-19 test or diagnosis;
 - I am obtaining a COVID-19 vaccination
 - Date of vaccination appointment _____
 - I am recovering from any injury, disability, illness or condition related to such COVID-19 vaccination;
 - I am caring for an individual described in Rule 6.2 (k), (i) or (ii) of the Revised Personnel Rule Addendum;
 - Name of the person that you are caring for _____
 - I am an employee who is unable to work or telecommute and need to care for a child whose:
 - School or place of care has been closed or the child's care provider is unavailable due to COVID-19 precautions.
 - The child is my biological, adopted, foster, stepchild or legal ward, or a child I am standing in loco parentis who is either under 18 years of age and/or
 - A child is older than 18 and incapable of self-care due to a mental or physical disability as defined under the Americans with Disabilities Act, 42 U.S.C. § 12101, et seq., for whom I have actual day-to-day responsibility for care. Under the IRS interpretation, children over the age of 14 that fall under this category must provide the special circumstances that surrounds a child of that age requiring childcare must be explained in accordance to the IRS interpretation. Explain the "special circumstances" in the comment area below).
 - I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services.
- I have attached the required documentation for unavailability of childcare or school closing. Examples of documents include, but are not limited to, notice of closure or unavailability from your child's school, place of

care, or childcare 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 childcare provider.

- I have been employed by the County for at least 30 days at the time of leave.
- I AM** an employee considered to be a health care provider or first responder as defined by the Personnel Rules Addendum effective 4/1/2021.
- I am NOT** an employee considered to be a health care provider or first responder as defined by the Personnel Rules addendum, effective 4/1/2021.

IRS "Special Circumstance" Requirement: Provide an explanation of the circumstance surrounding any child over the age of 14 that requires childcare below.

I understand that in order to be paid for this Emergency Leave, I am required to provide to the Leave Coordinator supporting documentation within 48 hours of the leave.

Child or Children's Name(s):

| Name of Child | Age of Child | Name of School or Care Provider that is closed or unavailable | Address of such School or Care Provider |
|---------------|--------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

School or Childcare Documentation for each child named above attached:

I am requesting: ___Continuous emergency FMLA ___Intermittent emergency FMLA

If requesting an intermittent leave complete below:

Frequency _____ times per _____ weeks/months Duration _____ hours/days per week (*circle one*)

Note: Leave may only be taken intermittently to obtain a COVID-19 vaccination or to care for a child whose school or place of care is closed, or the child's care provider is unavailable due to COVID-19 precautions.

By my signature, I certify that the information provided in this form is true, correct and complete to the best of my knowledge. Further, I acknowledge that falsification or misrepresentation of information provided in this form will be a violation of Personnel Rules 8.2(b)(18) and 8.2(b)(33) and may lead to discipline, up to and including, discharge.

Employee's Signature

Date

For Leave Coordinator Use Only

_____ Approve _____ Deny (add comments below) _____ Other (add comments below)

Signature

Date

Comments:

Please complete and send this form to your Timekeeper and the BHR Leave Coordinator at: BHR.LeaveManagement@cookcountyil.gov

Emergency Family and Medical Leave Act Information
See the Personnel Rules Addendum for further detail

Amount of Emergency FMLA Leave

- Eligible employees may take up to 12 weeks of leave under the Personnel Rules Addendum effective April 1, 2021. An employee's total amount of leave taken under the County's FMLA Policy and the Emergency Family and Medical Leave Act cannot exceed a combined total of 12 weeks. Any FMLA leave taken within 12 months prior to the first date on which an employee takes leave under the Act will be deducted from the 12 weeks provided under the Personnel Rules Addendum.

Emergency FMLA Pay

- Pursuant to the Personnel Rules Addendum, eligible employees will be paid two-thirds (2/3) of the employee's regular pay rate. While the County, at its discretion, will continue its practice to pay employees, it nevertheless reserves the right to, at its discretion, pay employees in accordance with the Act.
- For eligible part-time employees, payment will be calculated by multiplying two-thirds (2/3) of the employee's hourly rate by the number of hours the employee would otherwise work.

Employee Notice Requirements

- Notice of foreseeable absence should be provided as soon as practical to the Supervisor and BHR Leave Coordinator.
- Employees are required to provide documentation for this leave. Examples include, but are not limited to, notice of suspension, closure or discontinuation of school, childcare services, that may have been posted on a school or day care website or an email from a school, place of care or childcare provider.