



## Request for Emergency Family Medical Leave

To request Emergency Family Leave as provided under the Families First Coronavirus Response Act and City of Lynden's Emergency Family Medical Leave Expansion Policy, please complete the following request form and submit to your Manager or the Human Resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The amount of Emergency Family Medical leave being requested is \_\_\_\_\_ hours.

Requested payment for first ten (10) days of this leave (check the appropriate reason below):

1) Unpaid

2) Personal Accrued Leave

Comp Time

Sick Time

Vacation

3) Emergency Paid Sick Leave – I have completed and attached the Emergency Paid Sick Leave form to this request

**Emergency Family Medical Leave is paid at two-thirds of the employee's regular rate of pay. I request to use accrued leave to equal my regular rate of pay.**

No     Yes, please use:     Comp Time     Sick Time     Vacation Time

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator: \_\_\_\_\_ Date: \_\_\_\_\_