

**Franklin County Board of Commissioners
Request for Paid Family Leave**

Employee Name: _____ Supervisor: _____

Agency: _____ ___ Non Bargaining ___ AFSCME ___ OCSEA ___ Teamsters

1. Are you a full time employee that has completed at least one full year of employment? ___yes ___no
2. Do you have an approved FMLA on file for this event? ___yes ___no
3. Is this the first time this calendar year the program will be used? ___yes ___no
4. Is your request for a qualifying reason? ___yes ___no
 - a. If yes, please indicate the reason for the request:
 ___ the birth or adoption of a child
 ___ the care of a spouse, child or parent for a qualifying* reason?
 - b. If using PFL for the care of a family member please indicate relationship below:
 ___ child ___ parent ___ spouse
5. If using PFL for care of a family member will you be a primary caregiver? ___yes ___no

Please note: If you answer "no" to any of the questions above you are not eligible for Paid Family Leave at this time.

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6. Indicate the anticipated start and end date of your Paid Family Leave.

Start date _____ End Date _____

7. Please provide contact information below that can be used to contact you during your absence.

Phone: _____ Email: _____

Certification and Acknowledgment

If approved for the Paid Family Leave program I understand the following:

- an approved FMLA must be on file with Human Resources;
- Paid Family Leave runs concurrent with FMLA and cannot be used intermittently;
- Paid Family Leave can be used for the birth or adoption of a child, or the care of a spouse, child or parent who is experiencing a serious medical condition as defined in the employee handbook section 44.01;
- application for participation in the program must be made as soon as practical prior to taking leave but not later than 30 days from the first date of the qualifying event (including the FMLA application);
- the program can only be used once per year, and only once per qualifying event;
- the paid time off must be used in a block of time; holidays are not counted as Paid Family Leave;
- Paid Family Leave will be paid at 100% of the current base pay rate of the employee for a period not to exceed 10 days; unused days do not carry over from year to year;
- application for PFL does not indicate approval - notice of approval will be sent to the employee and the agency within 10 days of verification of a completed application (including FMLA designation).

The information provided in this application is true and accurate.

Employee Signature

Date

**Return completed forms to the Franklin County Department of Human Resources via fax at 614.525.6273
or mail to 373 S. High Street, 25th floor Columbus Ohio 43215**

If you have questions or require additional information call your HR Officer or 614.525.6224

* A serious illness or injury is one that generally requires surgery with a prolonged recovery period, or involves multiple traumatic injuries or is a serious mental illness, or is life threatening. Examples include heart attack, certain cancer conditions and organ transplants. Chronic and short term acute conditions do not qualify.

FOR HR USE ONLY

Approved by _____ for _____ days, beginning on _____ and ending on _____