

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

Employee Name: _____ Agency: _____
Work Phone: _____ Home Phone: _____
Work email: _____ Personal Email: _____

Eligibility

1. Are you a full time Board of Commissioner Agency employee? _____ yes _____ no
2. Do you have a current or pending FMLA on file for a qualifying Paid Family Leave reason * or a qualifying COVID-19 reason for this event? _____ yes _____ no
3. Please indicate your qualifying reason:
 - a. _____ the birth or adoption of a child.
_____ the care of a spouse, child or parent for a qualifying non-COVID-19 reason.
_____ a COVID-19 related reason.
 - b. If using Paid Family Leave for a COVID-19 related reason, please indicated the reason below:
_____ you are subject to a Federal, State, or local quarantine or isolation order related to COVID-19 and you have attached the order or other documentation.
_____ you have been advised by a health care provider to self-quarantine related to COVID-19 and you have attached documentation.
_____ you are experiencing COVID-19 related symptoms and are seeking a medical diagnosis, and you will forward the results to the Department of Human Resources within 10 working days.
_____ you are caring for a family member subject to a Federal, State of local quarantine or isolation order and you have attached the order or other documentation.
_____ you are caring for your child(ren) whose school or childcare provider is closed or unavailable for reasons related to COVID-19 and you have attached documentation from the school and/or childcare provider.
 - c. If using Paid Family Leave for the care of a family member please indicate relationship below:
_____ child _____ parent _____ spouse _____ other (describe) _____
4. If using Paid Family Leave 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.

Time Requested

5. Indicate the anticipated start and end date of your Paid Family Leave.
Start date _____ End Date _____
6. Is this request for use in a block of time (continuous use of leave requiring full days off)? _____ yes _____ no
 - a. If no, the specific time needed should be noted in the FMLA on file. For COVID-19 related requests only, indicate the hours
per day you are requesting off for leave as a set schedule, if applicable:
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday
 - b. If you cannot determine a set schedule for leave due to a COVID-19 related reason, describe when you will need to be off, the duration of each absence, and whether or not you can reasonably predict the need for leave in advance. Provide documentation where practical. (attach additional information if necessary)

7. Are you able to do meaningful telework during your absence? _____ yes _____ no

a. If no, please explain:

8. If your request for Paid Family Leave is for a COVID-19 related school and/or childcare reason please provide the name and contact information below for each child:

Child #1 Name: _____ School/Provider: _____

Contact Phone Number: _____ School Schedule: _____ Distance Only _____ Hybrid Only

Child #2 Name: _____ School/Provider: _____

Contact Phone Number: _____ School Schedule: _____ Distance Only _____ Hybrid Only

Child #3 Name: _____ School/Provider: _____

Contact Phone Number: _____ School Schedule: _____ Distance Only _____ Hybrid Only

(attach additional pages as necessary)

Certification and Acknowledgment

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

- a. an approved FMLA or documentation of the COVID-19 related event must be on file with Human Resources;
- b. Paid Family Leave runs concurrently with FMLA where applicable;
- c. Paid Family Leave can be used for the birth/adoption of a child, the care of a spouse, child or parent who is experiencing a serious medical condition as defined in the BOC Employee Handbook Section 44.01, or, in calendar year 2021 only, for qualifying COVID-19 related reasons as noted in section 3b above;
- d. 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 or COVID-19 documentation);
- e. the program can only be used for the specific purposes approved; leave approved under the Paid Family Leave program is not transferable to other events; if the circumstances of the leave change it is the responsibility of the employee to return to work immediately and/or notify the Department of Human Resources of the change;
- f. paid time off must be used in a block of time or as indicated in your FMLA designation, or for an approved alternative schedule as designated in your Paid Family Leave request approval; holidays are not counted as Paid Family Leave;
- g. Paid Family Leave will be paid at 100% of the current base pay rate of the employee for a period not to exceed eight weeks (320 hours) in a calendar year; unused days/hours do not carry over from year to year and are not available for any cash payout or donation;
- h. application for Paid Family Leave does not indicate approval - notice of outcome will be sent to the employee and the agency within 10 days of verification of a completed application (including FMLA designation); and
- i. the Paid Family Leave Program has been expanded to include COVID-19 related events for the calendar year 2021 only.

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 email to BOC-HR-FMLA@franklincountyohio.gov**

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.