

**SACRAMENTO REGIONAL TRANSIT DISTRICT**

**Request for Emergency Family and Medical  
Leave under the Families First Coronavirus Response Act (FFCRA)**

**TO THE EMPLOYEE:** You are requesting Emergency Family and Medical Leave (Emergency FMLA) under FFCRA. You may be eligible for Emergency FMLA leave under the FFCRA if you have been employed for at least 30 days with SacRT. The first 2 weeks of Emergency FMLA is unpaid, followed by up to 10 weeks of leave at 2/3 your regular rate of pay up to a daily cap of \$200. What this means is that, if your regular rate of pay is \$200 per day, you're leave entitlement will be 2/3 of that, or \$132 per day. If your regular rate of pay is \$500 per day for instance, you will be entitled to \$200 per day. If you also are requesting to take Emergency FMLA leave, please check below. If you have already taken FMLA leave in the past 12 months, the amount of leave you will have available for this Emergency FMLA leave will be reduced by the leave already taken.

To be considered for these benefits, you must fully complete this form (Sections A, B and C), provide necessary documentation, and turn this form and supporting documentation into your Supervisor.

Please contact Senior Human Resources Analyst June Moua at (916) 556-0285 if you have any questions.

**SECTION (A) REASON FOR LEAVE**

I am unable to work or telework and have worked at SacRT for at least 30 days and am requesting Expanded FMLA Leave under the FFCRA because I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons\*

I am requesting to take Emergency FMLA leave at this time<sup>1</sup>:      Yes \_\_\_\_\_ No \_\_\_\_\_

I already used part or all of the 80 hours of Emergency Paid Sick leave, and am only requesting Emergency FMLA leave at this time:      Yes \_\_\_\_\_ No \_\_\_\_\_

If you are requesting to take Emergency FMLA leave at this time, indicate below your choice for the first 2 weeks of unpaid time:

- I elect to take my Emergency Paid Sick Leave during the first 2 weeks of unpaid Emergency FMLA
  - I elect to take my existing PTO/Vacation/Sick time under the District's existing policies, to the extent there is time in those banks, during the first 2 weeks of unpaid Emergency FMLA
  - I elect to take the first 2 weeks of unpaid Emergency FMLA as unpaid time off
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\*NOTE: You are required to provide your Supervisor with documentation in support of the reasons for your expandedFMLA.. These documents may include a copy of the notice of closure or unavailability from a child’s school, place of care or child care provider (i.e., newspaper/web article, website or email notice). If you are unable to supply supporting documentation, due to reasons outside your control, you must provide the information requested in Section C below, and explain why you are unable to submit documentation of your need for leave.

**SECTION (B) DATES OF YOUR REQUESTED LEAVE**

Start Date of Requested Leave \_\_\_\_\_

End Date of Requested Leave \_\_\_\_\_

**SECTION (C) DOCUMENTATION SUPPORTING NEED FOR LEAVE (Answer either Question 1 or 2):**

1. I am attaching the following documentation to support my need for FFCRA Leave (provide description of documentation you are submitting):

\_\_\_\_\_ ; OR

\_\_\_\_2. (Initial here) I am unable to obtain documentation supporting my need for FFCRA Leave for the following reasons:

**CERTIFICATION OF EMPLOYEE:** I certify that the information contained on this form is truthful and accurate.

Your Name (Please print): \_\_\_\_\_ Employee ID # \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIRMATION OF RECEIPT:** This is to confirm that the above named employee submitted this form on the date indicated below.

Supervisor’s Name (Please print): \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_