



LOPD Paid COVID-19 Leave Request Form

LOPD Employees requesting 1) LOPD Family First Paid Coronavirus Leave, or 2) LOPD Emergency Family and Medical Leave (EFMLA) can use this form to request leave in accordance with the Administrative Leave Memorandum 2.0 dated January 11, 2021.

Note: The purpose of the paid administrative leave is to ensure eligible employees who meet one or more of the COVID-19 Related conditions will continue to receive pay until **March 31, 2021**. This leave benefit does not increase the number of hours already granted to employees. Employees who have exhausted the allowable hours of leave are not eligible for more paid administrative leave.

Employees who are unable to complete and submit the form electronically can submit the request for leave by telephone to their immediate supervisor or District Defender or Division Head, who must complete the form and forward the request via email to the Deputy Chief Public Defender and LOPD- HR for review and approval.

Employee Name:	
Employee Home Address:	E-mail:
Home Phone Number:	Cell Phone Number:
1) LOPD Family First Paid Coronavirus Leave (80 hours) <input type="checkbox"/> I am subject to government quarantine or isolation order related to COVID-19; <input type="checkbox"/> I have been advised by a health care provider or the Chief Public Defender, Deputy Chief Public Defender, District Defender or Division Head to self-isolate due to concerns related to COVID-19; or <input type="checkbox"/> I am experiencing symptoms of COVID-19 and seeking a medical diagnosis or awaiting the results of a COVID-19 test; or <input type="checkbox"/> I am caring for an individual who is subject to a quarantine order or self-isolation; or <input type="checkbox"/> I am caring for a son or daughter under 18 years of age if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions; or, <input type="checkbox"/> I am experiencing other substantially similar conditions specified by the federal Secretary of Health and Human Services. I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave Anticipated Start Date of Leave: _____ Expected Return to Work Date: _____	
2) LOPD Emergency Family and Medical Leave (up to 10 weeks) <input type="checkbox"/> I need to care for my son or daughter under age 18 because my child's school, place of care for my child has been closed or the childcare provider is unavailable due to a public health emergency. I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave Anticipated Start Date of Leave: _____ Expected Return to Work Date: _____	
I certify that the above information is accurate and complete. I understand that I must abide by all leave policies, plans and directives.	

Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
District Defender or Division Head Signature: _____	Date: _____
Deputy Chief Public Defender Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Human Resources Signature: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	