



**COOK COUNTY BUREAU OF HUMAN RESOURCES  
EMERGENCY FAMILY AND MEDICAL LEAVE REQUEST FORM  
(Family and Medical Leave Policy)**

Employee Name (Last, First, MI): \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employee Contact (phone and email): \_\_\_\_\_

Supervisor Name and Contact (phone and email): \_\_\_\_\_

Absence Start Date: \_\_\_\_\_ Absence End Date: \_\_\_\_\_

Under the Emergency Family and Medical Leave Expansion Act (the "Act"), employees may request an Emergency Family and Medical Leave relating to childcare because of school closings or childcare provider unavailability due to COVID-19 reasons. Such leave under the Act is available April 1, 2020 through December 31, 2020.

**Refer to the Revised Personnel Rule Addendum for updated information.**

Eligibility for the Emergency FMLA

I am an employee who is unable to work or telecommute and need to care for a child whose: school or place of care has been closed or the child's care provider is unavailable due to COVID-19 precautions.

The child is my biological, adopted, foster, stepchild or legal ward, or a child I am standing in loco parentis who is either under 18 years of age and/or

A child is older than 18 and incapable of self-care due to a mental or physical disability as defined under the Americans with Disabilities Act, 42 U.S.C. § 12101, *et seq.*, for whom I have actual day-to-day responsibility for care. Under the IRS interpretation, children over the age of 14 that fall under this category must provide the special circumstances that surrounds a child of that age requiring childcare must be explained in accordance to the IRS interpretation.

Explain the "special circumstances" in the comment area below).

I have been employed by the County for at least 30 days at the time of leave.

**I AM** an employee considered to be a health care provider or first responder as defined by the Act (see Personnel Rules Addendum effective 4/01/2020).

**I am NOT** an employee considered to be a health care provider or first responder as defined by the Act (see Personnel Rules addendum, effective 4/01/2020).

IRS "Special Circumstance" Requirement: Provide an explanation of the circumstance surrounding any child over the age of 14 that requires childcare below.

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I understand that in order to be paid for this Emergency Leave, I am required to provide to the Leave Coordinator supporting documentation within 48 hours of the leave.

Child or Children's Name(s):

Name of Child	Age of Child	Name of School or Care Provider that is closed or unavailable	Address of such School or Care Provider

School or Childcare Documentation for each child named above attached:

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I am requesting:                    \_\_\_Continuous emergency FMLA                    \_\_\_Intermittent emergency FMLA

If requesting an intermittent leave complete below:

Frequency \_\_\_\_\_ times per \_\_\_\_\_ weeks/months    Duration \_\_\_\_\_ days per week.

By my signature, I certify that the information provided in this form is true, correct and complete to the best of my knowledge. Further, I acknowledge that falsification or misrepresentation of information provided in this form will be a violation of Personnel Rules 8.2(b)(18) and 8.2(b)(33) and may lead to discipline, up to and including, discharge.

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**Employee's Signature**

**Date**

For Leave Coordinator Use Only

_____ Approve _____ Deny (add comments below) _____ Other (add comments below)	
<b>Signature</b>	<b>Date</b>
Comments:	

**Please complete and send this form to your Timekeeper and the BHR Leave Coordinator at [lolita.liggon@cookcountyil.gov](mailto:lolita.liggon@cookcountyil.gov)**

**Emergency Family and Medical Leave Act Information**

**See the Family and Medical Leave Addendum for further detail**

Amount of Emergency FMLA Leave

- Eligible employees may take up to 12 weeks of leave under the Act. An employee's total amount of leave taken under the County's FMLA Policy and the Emergency Family and Medical Leave Act cannot exceed a combined total of 12 weeks. Any FMLA leave taken within 12 months prior to the first date on which an employee takes leave under the Act will be deducted from the 12 weeks provided under the Act.

Emergency FMLA Pay

- The first 10 days of leave under the Act is unpaid. An employee may use accrued time such as vacation, sick or personal time in order to be paid, but is not required to do so. Eligible employees may also use time availed under the Emergency Paid Sick Leave Act (see the County's Emergency Paid Sick Leave Addendum to the Personnel Rules Sick Leave Policy).
- Pursuant to the Act, after the first 10 days of the effective date of the approved leave, eligible employees will be paid two-thirds (2/3) of the employee's regular pay rate, not to exceed \$200 per day and \$10,000 in the aggregate. While the County, at its discretion, will continue its practice to pay employees, it nevertheless reserves the right to, at its discretion, pay employees in accordance with the Act.
- For eligible part-time employees, payment will be calculated by multiplying two-thirds (2/3) of the employee's hourly rate by the number of hours the employee would otherwise work, not to exceed \$200 per day and \$10,000 in the aggregate.

Employee Notice Requirements

- Notice of foreseeable absence should be provided as soon as practical to the Supervisor and BHR Leave Coordinator.
- Employees are required to provide documentation for this leave. Examples include, but are not limited to, notice of suspension, closure or discontinuation of school, childcare services, that may have been posted on a school or day care website or an email from a school, place of care or childcare provider.