

Los Rios Community College District

Employee Certification of Need for Emergency Family and Medical Leave (FMLA)

I, _____, certify that I have a child who is under the age of 18, whose school or place of care has been closed, or whose child care provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority. Due to the need to care for my child, I am unable to work (or telework).

1. I request to take this leave from: _____ to _____.
(beginning date) (ending date)
2. I understand that these leave dates must be consistent with those reported on my absence report(s).
3. I understand that the first 10 days of this leave are unpaid unless substituted with an applicable paid leave.
4. I understand that I will be paid at the rate 2/3 of my average monthly earnings for the remaining 10 weeks (not to exceed \$200 per day and \$10,000 in total). My pay may need to be adjusted on a future payroll, depending upon date received.

I wish to utilize my applicable paid leaves to offset the first 10 days of my leave and/or 2/3 of my pay for the duration of my leave. Employee Benefits may reach out to me to determine if I have sufficient leaves available to use. Final determination of the availability of leaves will be made by Employee Benefits. I understand that insufficient leaves will result in a loss of pay.

5. I understand that if my childcare needs change, I must immediately inform my supervisor and Employee Benefits and I may be directed to report back to work (or telework).

Additional information about this leave can be found here:

<https://employees.losrios.edu/lrccd/employee/doc/benefits/leaves/ffcra-poster.pdf>

Please submit completed form to Employee Benefits by email to benefits@losrios.edu.

Employee Signature

Date

Supervisor Signature

Date

Employee Benefits Use Only	
Date Received:	Applicable Leave Balance(s):
	Initials: