



City of Anaheim – Human Resources Department  
PUBLIC HEALTH EMERGENCY MEDICAL LEAVE (PHEL)

Complete the following information to request **Public Health Emergency Medical Leave (PHEL) due to closure of your qualifying child’s school or childcare provider**. Leave under this policy is detailed in the City’s Temporary Paid Leave Program in Response to COVID-19 policy.

Employee Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Benefit:** Up to 12 weeks protected leave to care for child due to childcare or school closure. The first 80 hours for full-time (and modified hours for part-time) of paid leave may be under the Emergency Paid Sick Leave (EPSL) policy. The remaining time is under the PHEL policy. The paid leave under both EPSL and PHEL is paid at 2/3 the employee’s pay with a daily maximum of \$200. See the Temporary Paid Leave Program in Response to COVID-19 policy document for additional limitations and details.

In-lieu of requesting paid leave under ESPL or PHEL, employees may use their accrued paid leave including vacation, sick, and comp time, to receive full salary for the duration of the leave.

**Qualifying Circumstance:** If you have worked for the City a minimum of 30 calendar days, you qualify for leave if you are unable to work (or telework) because you must care for a qualifying child whose school or childcare provider is closed due to COVID-19. To qualify under this provision, there must be no other suitable person available to care for your child during the requested leave.

Leave time taken pursuant to PHEL will not be considered in assessing compliance with the City’s Administrative Regulation regarding attendance (AR 286).

**Procedure:** Please complete the following information:

I request the first two weeks (80 hours full-time or less if part-time) of paid leave under EPSL due to the closure of my son or daughter’s school or daycare, as provided in the City’s Temporary Paid Leave Program in Response to COVID-19. I understand that paid leave under this provision will be 2/3 my normal pay, to a limit of \$200 daily and \$2,000 in the aggregate.

I request additional leave time, up to 10 additional weeks, of paid leave under PHEL, as provided in the City’s Temporary Paid Leave Program in Response to COVID-19. I understand that paid leave under this provision will be 2/3 my normal pay, to a limit of \$200 daily and \$10,000 in the aggregate.

I wish to use the PHEL leave intermittently. I acknowledge that it is my responsibility to work with my supervisor to determine an acceptable schedule if I wish to use PHEL time intermittently.

I **am not** requesting paid leave under EPSL or PHEL, but request leave time off and will use my accrued paid leave balances.

Requested Dates of Leave: Start: \_\_\_\_\_ Through: \_\_\_\_\_

Child being cared for: \_\_\_\_\_

Name of closed school/childcare provider: \_\_\_\_\_

**Requested Documentation:** Please provide documentation confirming that your child's school or childcare provider is closed due to the COVID-19 pandemic. Appropriate documentation would include, but is not limited to, email(s), a print out of the school's or childcare provider's website, or any paper notification provided by the school or childcare provider confirming closure. Photographs of documentation will be permitted for electronic filing. If available, please include documentation on when the school or childcare facility will reopen.

If you are unable to obtain documentation, please provide a brief explanation below as to why you are unable to provide the information. The inability to provide documentation will not disqualify you from being eligible for PHEL.

**Employee Confirmation and Signature:**

*I am requesting leave as outlined herein and I verify and attest:*

- (1) that I am unable to work due to the closure of my qualifying child's school or childcare provider;*
- (2) that I have been advised by my supervisor that telework is not available to me;*
- (3) that no other suitable person is available to care for my child during the period of requested leave;*

*I further understand that any intentional false or misleading statement relating to this request may subject me to disciplinary action AND that my submission of this form by email shall serve with the full force and effect as my signature.*

**Voluntary waiver of paid PHEL and EPSL benefits (employee election to use other paid leave):**

*In-lieu of receiving 2/3 pay under EPSL and PHEL, I elect to use my sick, vacation, or other accrued leave balance for all or part of the 12 weeks protection under these programs. I understand that use of my sick, vacation, or other accrued leave will not extend the 12 weeks of protected leave time under the EFMLEA.*

Employee Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

**Submission:** Email this completed form to Human Resources (you MUST also copy your supervisor on this request) at [HREmployeeRelations@anaheim.net](mailto:HREmployeeRelations@anaheim.net).

**Human Resources Review and Approval:**

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