

## REQUEST FOR PUBLIC HEALTH FAMILY MEDICAL LEAVE

The purpose of this public health family medical leave is to cover employees with a qualifying due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency as permitted by Employee Handbook Section 8.23.

First Name	Last Name	CNM ID Number

### General Provisions

- CNM is not required to pay initial ten (10) days (two weeks) of leave under this section; however, employees may substitute accrued annual, personal, sick leave or public health paid leave to cover the unpaid leave portion.
- After the first ten (10) work days (two weeks) of PFM, the remaining PFM leave will be paid.
- For the purposes of this section, CNM will pay full-time employees twenty-five (25) dollars per hour for 8 hours for each day of leave during the ten (10) week period. For the purposes of this section, part-time employees will receive twenty-five (25) dollars per hour for 4 hours for each day of leave.

Child's First Name:	Child's Last Name:	
---------------------	--------------------	--

Name of School: \_\_\_\_\_  
 OR  
 Name of Child Care Provider: \_\_\_\_\_

\_\_\_ I am requesting a block period of leave beginning (Date) \_\_\_\_\_ and ending (Date) \_\_\_\_\_ for my regularly scheduled work days.

\_\_\_ I am requesting an intermittent leave beginning (Date) \_\_\_\_\_ and ending (Date) \_\_\_\_\_ based on the following schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Regular Work Day</b>							
<b>PFM Day</b>							

I am requesting PFM as my child(ren)'s 1) school has been closed; 2) child care facility has been closed; or 3) child care provider is unavailable due to a public health emergency. I confirm that I am unable to find other suitable care for my child(ren) during the requested leave period.

---

**Employee Signature** **Date**

---

**Supervisor Signature** **Date**

**Attention Employee/Supervisor:**

Time entered on the timesheet should be entered as code PFM (Public Health Medical) for each day of leave taken in the pay period. Supervisors are responsible for ensuring timesheets submitted match the schedule provided above. The PFM hours must be recorded on the family medical leave tracking log and count toward the 480 hours of allowed time used under the "rolling calendar year" or 12-month period measured backwards from the date employee begins to use any Family Medical Leave (FML) or PFM leave.