



Request for 2025 District Paid Fire Emergency Leave (DP-FEL)

Employee Name _____ Date of Request _____

Department _____ Position Title _____

I am requesting DP-FEL because I am/was unable to work or telework because of the following reason:

To cover leave taken because I was unable to work remotely for any reason during the campus closure from January 8 to 14, 2025.

To cover additional absences that are eligible for extended District -paid FEL for covered reasons as outlined below:

Check applicable reason(s)

- a. To recover from the loss of my primary residence to the local wildfires.
- b. I am an employee who is/was prohibited from returning to my primary residence due to evacuation requirements.
- c. I am an employee who needs to address fire-related damage to my primary residence.
- d. I am an employee providing shelter or caretaking to individual(s) who were displaced from fire impacted areas.
- e. I am a parent or guardian of children whose school or childcare facility remains closed for fire related reasons.

I am requesting DP-FEL for _____(Dates)

Supporting Documentation: The District understands that obtaining supporting documentations for some of the reasons above may be difficult to obtain. We will do what we can to verify eligibility independently. However, we strongly encourage employees to provide what they can to support their request. For "d" name, relationship and affected address of individual should be provided. For "e" notification from school district/child care facilities or name of school/child care facility affected should be provided.

Employee Signature

Date