



## **REQUEST FOR LEAVE OF ABSENCE RELATED TO 2025 WILDFIRE EMERGENCY LEAVE**

### **Instructions:**

Monthly full-time employees who have a qualifying reason are eligible to take up to **80 hours** of leave.

Part-time employees who have a qualifying reason are eligible to take up to **40 hours** of leave.

The above amounts of leave time are ***the maximum allowance of total leave time*** regardless of whether the employee has more than one applicable qualifying reason.

A description of this leave is provided on page two of this document.

1. To request this time off, employees should complete the “Request for 2025 Wildfire Emergency Leave” form. The form is available as a PDF document or as a PDF fillable document on the Department of Human Resources (DHR) website at <https://employee.hr.lacounty.gov/2025-wildfire-recovery/>.
2. Employees should submit the completed request form to their department’s Human Resources Office.
  - A list of all Departmental Human Resources Managers can be found [HERE](#).
  - Departmental Human Resources Offices will provide employees with an e-mail address that can be used to electronically submit the completed request form. If the request form is completed electronically and the employee is unable to submit the form with their electronic signature applied, the employee may submit the completed, unsigned request form as an attachment to an e-mail from their work or personal e-mail address. The information in an employee’s submission of a completed and unsigned request form from the employee’s e-mail address will be deemed as their certification of the information listed in the form.
  - Unsigned request forms may not be submitted from an e-mail address that does not belong to the employee.



**COUNTY OF LOS ANGELES**  
Department of Human Resources | Occupational Health/Leave Management  
Countywide Protected Leaves of Absence

JANUARY 2025 WILDFIRE EMERGENCY LEAVE	
Effective Dates	January 7, 2025, through December 31, 2025
Who is Eligible	Any active employee of the County hired on or before January 7, 2025. This includes permanent, temporary, recurrent, and part-time staff.
Amount of Leave	<p><u>Monthly full-time employees</u> who have a qualifying reason are eligible to take up to <b>80 hours</b> of leave.</p> <p><u>Part-time employees</u> who have a qualifying reason are eligible to take up to <b>40 hours</b> of leave.</p> <p>The above amounts of leave time are <b><i>the maximum allowance of total leave time</i></b> regardless of whether the employee has more than one applicable qualifying reason.</p>
Qualifying Reasons	<p>Covered employees are entitled to take time under the January 2025 Wildfire Leave if they are unable to work (including telework) for any of the following reasons:</p> <ol style="list-style-type: none"><li>(1) <b>Emergency Displacement</b> – The employee is subject to an evacuation warning or order related to the January 2025 Wildfire and Windstorm Disaster, or the employee was unable to work due to a failure of public utilities (e.g., electricity) as a direct result of the disaster.</li><li>(2) <b>Substantial Damage to or Loss of Residence</b> – The employee is engaging in disaster-related recovery activities following damage to or loss of their primary residence.</li><li>(3) <b>Disaster-Related Illness or Injury</b> – The employee is recovering from a personal illness or injury as a direct result of the January 2025 Wildfire and Windstorm Disaster.</li><li>(4) <b>Caretaking</b> – (a) Caring for a dependent child or dependent adult due to the closure or unavailability of the school or care provider/facility, because of the disaster. (b) Enrolling/reenrolling their dependent child or a dependent adult in a school, care center, or with a certified childcare provider.</li></ol>



**COUNTY OF LOS ANGELES**  
Department of Human Resources | Occupational Health/Leave Management  
Countywide Protected Leaves of Absence

<b>JANUARY 2025 WILDFIRE EMERGENCY LEAVE</b>	
<b>Pay</b>	Employees are to be paid at their regular rate of pay.
<b>Relationship with Other Leaves</b>	<p>Employees do <u>not</u> have to exhaust their available accrued time before being able to use the January 2025 Wildfire Leave.</p> <p>The January 2025 Wildfire Leave designation will need to be made concurrently with FMLA/CFRA, if applicable. For example, if an employee's absence due to a personal injury or illness qualifies for FMLA/CFRA, the leave would run concurrently with the FMLA/CFRA leave. Eligible employees are entitled to up to a total of 12 workweeks of FMLA/CFRA leave during a 12-month period.</p>
<b>Request for Approval</b>	<p>Employees can complete the Request for January 2025 Wildfire Leave form, which will be provided by DHR to Departmental HR Managers and will also be made available online at <a href="https://employee.hr.lacounty.gov/2025-wildfire-recovery/">https://employee.hr.lacounty.gov/2025-wildfire-recovery/</a>. The completed form should be submitted to the employee's Departmental Leave Management Unit.</p> <p>Departments should not deny an employee's request for use of time off for qualifying reasons under this program while the request for January 2025 Wildfire Leave is being processed.</p> <p>When the need for leave is unforeseeable, employees must notify their department of the need for leave in writing and with as much advanced notice as possible.</p> <p>Requests for use of January 2025 Wildfire Leave is available for qualifying events occurring on January 7, 2025, through December 31, 2025. Leave may be applied retroactively for qualifying absences occurring on or after January 7, 2025.</p>



## REQUEST FOR 2025 WILDFIRE EMERGENCY LEAVE

To be eligible for this leave, you must be an active employee of the County of Los Angeles hired on or before January 7, 2025, and be unable to work or telework due to any of the listed qualifying reasons.

Employee Information	
Employee First Name & Last Name	Employee Number
Employee's Department	
Payroll Title	
Personal E-mail Address	Work E-mail Address
Home Telephone	Cell Telephone
Supervisor Information	
Name	Title
E-mail Address	Work Telephone

SECTION 1: EMPLOYEE LEAVE REQUEST	
1.	<p>I am requesting 2025 Wildfire Emergency Leave for the following dates:</p> <p><b>FROM:</b> _____ <b>TO:</b> _____</p>
2.	<p>I am requesting 2025 Wildfire Emergency Leave as follows (choose one):</p> <p>_____ Continuous Leave</p> <p>_____ Intermittent Leave</p> <p>For intermittent leave requests, please provide the details of the requested leave schedule: _____</p> <p>_____</p>



**COUNTY OF LOS ANGELES**  
Department of Human Resources | Occupational Health/Leave Management  
Countywide Protected Leaves of Absence

**Employee Information**

Employee First Name & Last Name

Employee Number

**3. Check in left column ALL qualifying reasons for leave request:**

☐ I was/am subject to an evacuation warning or order related to the January 2025 Wildfire and Windstorm Disaster.

☐ I am engaging in disaster-related recovery activities following damage to or loss of my primary residence.

Provide the address of your primary residence:

\_\_\_\_\_

Provide a brief description of the disaster-related recovery activities you are engaging in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I am recovering from a personal illness or injury as a direct result of the January 2025 Wildfire and Windstorm Disaster.

☐ I am caring for/assisting a qualified family member:

(1) Caring for a dependent child or dependent adult due to the closure or unavailability of the school or care provider/facility because of the disaster; or

(2) Enrolling/reenrolling their dependent child or a dependent adult in a school, care center, or with a certified childcare provider.

Provide name \_\_\_\_\_ and

relationship \_\_\_\_\_ to the qualified family member.

Provide the name of the school, place of care, or the childcare provider that closed or became unavailable: \_\_\_\_\_

and/or

Provide the name of the school, care center, or certified childcare provider where the child is being enrolled/renrolled: \_\_\_\_\_



**COUNTY OF LOS ANGELES**  
Department of Human Resources | Occupational Health/Leave Management  
Countywide Protected Leaves of Absence

---

**COMPLETE SECTION 4 ONLY IF YOU ARE REQUESTING  
TO AMEND A PREVIOUSLY SUBMITTED TIMECARD FOR LEAVE TAKEN**

<b>4.</b>	<b>I was unable to work or telework and used my accrued leave benefit time or had unpaid absences because (check all that apply):</b>
<input type="checkbox"/>	I was/am subject to an evacuation warning or order related to the January 2025 Wildfire and Windstorm Disaster.
<input type="checkbox"/>	I was engaged in disaster-related recovery activities following damage to or loss of my primary residence.
<input type="checkbox"/>	I was recovering from a personal illness or injury as a direct result of the January 2025 Wildfire and Windstorm Disaster.
<input type="checkbox"/>	I was caring for/assisting a qualified family member due to closure or unavailability of a school or care provider.  OR  I was enrolling/reenrolling a child in a school, care center, or with a certified childcare provider.

**Certification:**

I hereby request leave as indicated above and certify that such leave is requested for the purpose(s) indicated. I understand that I must comply with my employing department's procedures for requesting leave (and provide additional documentation, including medical certification, if applicable) and that falsification of any information in this form may be grounds for disciplinary action, up to and including discharge. I understand and fully acknowledge that, should an overpayment occur, I am required to repay the number of hours of paid leave I was not entitled to.

---

Employee Printed Name

---

Employee Number

---

Employee Signature

---

Date



**COUNTY OF LOS ANGELES**  
Department of Human Resources | Occupational Health/Leave Management  
Countywide Protected Leaves of Absence

**FOR DEPARTMENTAL USE ONLY**

**INDICATE DISPOSITION OF REQUEST**

<input type="checkbox"/>	This request is approved as requested.
<input type="checkbox"/>	This request is approved with the following modification:
<input type="checkbox"/>	This request is not approved because:
<input type="checkbox"/>	The employee did not provide a qualifying reason covered by the 2025 Wildfire Emergency Leave.
<input type="checkbox"/>	Other: _____

**AUTHORIZATION**

\_\_\_\_\_  
**Department Head/Designee Printed Name**

\_\_\_\_\_  
**Department Head/Designee Signature**

\_\_\_\_\_  
**Date**