[Date]

Gena Castro
District Council 16 IUPAT
2705 Constitution Avenue
Livermore, CA 94551

Ms. Castro,

I currently have [enter # of employees] employee(s) that qualify for Emergency Paid Sick Leave **and/*or*** Emergency Family Medical Leave under either SB 95 or the Families First Coronavirus Recovery Act (FFCRA).

I am requesting an Exceptional Conditions permit to only pay on the Taxable Net Wages and Health & Welfare portions of the Wage Schedule A for these leave hours.

This is for Employee #X with a SSN ending in XXXX for [enter pay period].

I look forward to your response in writing.

Thank you for your consideration of this request during these unprecedented times.

Sincerely,

[Name]
[Company Name]
[Company Address]

cc: Brooke Fishel, Director of Labor Relations