**Emergency Family and Medical Leave Act: Employer Notice of Leave Form**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Identification Number: \_\_\_\_\_\_\_\_

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

On \_\_\_\_\_\_\_\_\_\_\_\_, we received your request for leave under the Emergency Family and Medical Leave Act (the "E-FMLA") and any supporting documentation that you provided. Our records indicate that you requested leave beginning on \_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_, because you are unable to work **or telework)** because you are caring for a child whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19.

This notice is to inform you that you:

\_\_\_\_\_ Are approved for E-FMLA leave. No additional information is required at this time. Your leave is approved beginning on \_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ Your approved E-FMLA leave is NOT on an intermittent basis.

\_\_\_\_\_ Your approved E-FMLA leave is on an intermittent basis, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Are eligible for E-FMLA leave, but we need to receive additional information by \_\_\_\_\_\_ before your leave can be approved. If sufficient information is not provided in a timely manner, your leave may be denied. This following information must be provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Are NOT eligible for E-FMLA leave because:

* You have worked for this company for less than 30 calendar days.
* Your stated reason for leave is not an eligible reason for E-FMLA leave.[[1]](#footnote-1)
* You have exhausted your E-FMLA and/or FMLA leave entitlement.
* You have not demonstrated that you are unable to work or telework due to the noted reason.

Under FMLA, qualifying employees have a right for up to 12 weeks of leave for standard qualifying events, such as a personal serious illness. According to our records, you have a remaining FMLA leave balance of \_\_\_\_\_\_\_\_\_\_\_. You may use your available FMLA balance for either a standard FMLA qualifying event[[2]](#footnote-2) or for E-FMLA reasons (E-FMLA is only available for use between April 1, 2020, and December 31, 2020).

If you have any questions about this determination or believe any information in this notification is incorrect, please promptly contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Emergency Family and Medical Leave Act: Employee Request for Leave Form[[3]](#footnote-3)**

*This form must be completed and returned to \_\_\_\_\_\_\_\_ before any request for leave under the Emergency Family and Medical Leave Act (the "E-FMLA") will be approved. Questions about the E-FMLA or this form should be directed to \_\_\_\_\_\_\_.*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Identification Number: \_\_\_\_\_\_\_\_

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leave Request:

* Closure of your child's school, due to COVID-19
* Closure of your child's place of care, due to COVID-19
* Your child's care provider is unavailable, due to COVID-19

Date Requested Leave is to Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

Date Requested Leave Will End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

*E-FMLA is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.*

Are you Requesting Intermittent Leave: Yes \_\_\_ No \_\_\_

If yes, please explain the requested intermittent periods of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*The company will determine whether or under what conditions intermittent E-FMLA will be allowed. Applicable limitations will be discussed with you when your request is processed.*)

Required Information Supporting Reason for Leave:

* You are unable to work or telework due to the COVID-19 reason indicated above because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Child(ren)’s name(s) and age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Name(s) of school(s) or place(s) of care that has been closed or name of care giver who is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* You confirm that no other person will be providing care for the child during the period for which you would be receiving E-FMLA leave. \_\_\_\_\_\_\_ (initial).
* For a child 15 years of age or older, you confirm that you are unable to work or telework during daylight hours because special circumstances exist requiring you to provide care. \_\_\_\_\_\_ (initial)

The First Two Weeks are Unpaid Unless You Request Use of Some Type of Paid Leave. Are You Requesting Any of the Options Below?

I request to use Leave under the Emergency Paid Sick Leave Act, which leave benefits will be paid at 2/3rds my usual pay to a maximum of $200 per day):Yes \_\_\_ No \_\_\_

I request to use my available paid leave under company policy, which will be paid in accordance with policy:Yes \_\_\_ No \_\_\_

If I elect to use company policy leave and do not have sufficient paid leave available for the full two weeks, after I have exhausted my company paid leave: I will take unpaid leave: \_\_\_\_\_\_ I will utilize Emergency Paid Sick Leave Act leave \_\_\_\_\_\_ (choose one).

[ALTERNATIVE FINAL PARAGRAPHS]

Alternative 1:

Subsequent E-FMLA Weeks are Paid at 2/3rds Pay

Regardless of whether you elect to use paid leave for the first two weeks of E-FMLA leave, subsequent E-FMLA leave will be paid at 2/3rds your usual pay, to a maximum of $200 per day.

*Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave*.

Alternative 2:

Subsequent E-FMLA Weeks Are Paid Per Your Election:

After the expiration of the initial two (2) weeks, the subsequent E-FMLA leave is paid until your leave allotment is exhausted. You may choose one of these two options:

Please pay me under the E-FMLA required benefits, which I understand are 2/3rds my usual pay to a maximum of $200 per day):Yes \_\_\_ No \_\_\_

Please utilize my available PTO at my full pay until the PTO is exhausted, after which I will be paid at 2/3rds my usual pay to a maximum of $200 per day: Yes \_\_\_ No \_\_\_

*Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave*.

Alternative 3:

Subsequent E-FMLA Weeks Are Paid As follows:

You will be required to utilize company provided PTO until exhausted. After you have exhausted available PTO, your E-FMLA will be paid at 2/3rds your usual pay to a maximum benefit payment of $200 per day.

*Note that this provision applies only to E-FMLA leave, and not any other type of FMLA leave*.

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immediately if there is any change to my leave request above.

Employee signature Date

1. You may be eligible for unpaid FMLA leave pursuant to the standard qualifying events, such as your own serious health condition. If you believe you have a standard qualifying event, please submit your request on the company’s standard FMLA form, or seek assistance from Human Resources. [↑](#footnote-ref-1)
2. If you wish to use your available FMLA balance for any of the standard FMLA qualifying events, please request that leave using the company’s standard FMLA Request form. [↑](#footnote-ref-2)
3. Do not use this form to request FMLA for one of the standard qualifying events, such as your own serious illness. Please use the company’s standard FMLA leave request form for any FMLA request other than E-FMLA. [↑](#footnote-ref-3)