

## Notice of Leave Eligibility & Designation

### For Emergency Family and Medical Leave (EFMLA) Under FFCRA

**NOTE TO EMPLOYER:** The following is a sample employee letter of Notice of Eligibility and Designation for Emergency Family and Medical Leave (EFMLA) under the Families First Coronavirus Response Act (FFCRA). Employers should choose the appropriate language indicated in [brackets].

Keep in mind that employers with 50 or more employees also remain subject to traditional FMLA rules and requirements. Employers are recommended to also include a traditional FMLA notice of rights and responsibilities in order to ensure the EFMLA and FMLA run concurrently for the 12 weeks.

Dear

We understand that you are currently experiencing a COVID-19 related event that may qualify for a leave of absence under the Emergency Family and Medical Leave Expansion Act (EFMLA). Under EFMLA, eligible employees unable to work due to caring for their child because the child's school or childcare has been closed, or is unavailable due to the public health emergency, will be provided with a job-protected leave of absence of up to 12 weeks.

We have reviewed your request for leave under the Emergency Paid Sick Leave received on \_\_\_\_\_ and decided:

**Your EFMLA request is approved. You are eligible for up to 12 weeks of EFMLA during the designated FMLA leave year as outlined below.**

**Your EFMLA leave will be taken consecutively between the dates of: \_\_\_\_\_**

**You have already used \_\_\_\_\_ weeks of traditional FMLA during the designated leave year; therefore you have \_\_\_\_\_ weeks of EFMLA remaining before your 12-week EFMLA/traditional FMLA benefit is exhausted.**

**Your leave will be taken intermittently, scheduled as follows: (*employer must agree to the schedule*): \_\_\_\_\_**

**Compensation during EFMLA will be handled as follows:**

**Your first two weeks of EFMLA are unpaid.**

**You have elected available paid leave, such as sick time or PTO for the first two weeks.**

**Your first two weeks of EFMLA have already been paid through emergency paid sick leave to care for your child because of the child's school or childcare provider close or unavailable due to the public health emergency.**

**After the first 2 weeks, your remaining EFMLA will be paid, up to another 10 weeks (as applicable) through December 31, 2020. You are entitled to receive two-thirds (2/3) of your regular rate of pay at \_\_\_\_\_ hours per day for your remaining EFMLA leave. Your hours are based on your average number of hours worked during the 6 months prior to the start of your leave, up to \$200 per day for**

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**up to 10 weeks (\$10,000 total), as applicable. If you have not been employed for at least 6 months, the average number of hours is based on what you normally would be scheduled to work.**

**You may choose to use existing paid vacation, personal, medical, or sick leave (if applicable) to supplement the amount you receive, up to your normal earnings.**

**Your EFMLA request is denied, for the following reason:**

**You have exhausted your 12-week traditional FMLA leave benefit for the designated leave year.**

**Your leave request does not meet the criteria.**

**Your leave request is lacking supporting documentation.**

**Your position has been impacted by a temporary or permanent layoff.**

**You have not been employed for at least 30 calendar days.**

**You work in a qualified health care provider or emergency responder role, which is excluded from leave under the provisions of the FFCRA.**

**As a small business with fewer than 50 employees, an authorized officer of the business has determined that providing EFMLA would jeopardize the viability of our business.**

**If you have any questions or concerns regarding your eligibility, rights and responsibilities for EFMLA under FFCRA, please contact Human Resources. Providing false or misleading information regarding the need for EFMLA will be grounds for corrective action, up to and including termination of employment.**

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**Employer Representative Signature**

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**Date**

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