

## Approval-Denial Letter for Emergency Paid Sick Leave Under FFCRA

**NOTE TO EMPLOYER:** The following is a sample approval/denial employee letter based on a request for Emergency Paid Sick Leave (EPSL) under the Families First Coronavirus Response Act (FFCRA). Employers should choose the appropriate language indicated in [brackets].

Keep in mind that employers with less than 500 employees are also subject to the Emergency Family Medical and Medical Leave Expansion Act (EFMLA). With that in mind, employers with 50 or more employees remain subject to traditional FMLA and should include the [bracketed] language addressing that as well.

Dear

We understand that you are currently experiencing a COVID-19 related event that may qualify for paid sick leave under the Families First Coronavirus Response Act (FFCRA). Under the FFCRA, all employees are entitled to up to 80 hours of paid sick leave for the following reasons:

1. for your own quarantine or isolation order related to COVID-19;
2. to self-quarantine, as advised by a health care provider due to concerns related to COVID-19;
3. because you are experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. to care for another individual subject to a quarantine or isolation order or advised to self-quarantine by a health care provider due to concerns related to COVID-19;
5. to care for your child as the result the child's school closing or the closing or unavailability of the childcare provider; or
6. because you are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

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

**Your emergency paid sick leave request is approved. You are eligible for up to 80-hours of paid sick leave as outlined below.**

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

Your leave will be taken intermittently, scheduled as follows: *(only for reason #5 and employer must agree to the schedule)* \_\_\_\_\_

You are entitled to receive \_\_\_\_\_ hours of emergency paid sick leave per day for up to 2 weeks (10 workdays) at your regular rate of pay for qualifying reasons (1, 2, 3 above) capped at \$511 per day or two-thirds (2/3) regular pay for qualifying reasons (4, 5, 6 above) capped at \$200 per day. If you are part-time, your regular rate of pay represents your average number of hours per day over a 2-week period.

**Your emergency paid sick leave request is denied, for the following reason:**

Your leave request does not meet the criteria for one of the six reasons noted above.

Your leave request is lacking supporting documentation.

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

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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 emergency paid sick leave for reason #5 would jeopardize the viability of our business.

If you have any questions on FFCRA paid sick leave, please contact Human Resources. Providing false or misleading information regarding the need for paid sick leave 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

***The information below does not apply if your request was denied.***

**Do I need to first use other paid leave the Company offers?**

No. FFCRA paid sick leave is in addition to any other paid leave you may be eligible for under our company policy. You are not required to exhaust any other paid leave before qualifying for FFCRA paid sick leave. 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.

**What if I need to be off work longer than 2 weeks?**

For reason 5 above, you may also qualify for up to 12 weeks of job-protected leave under the Emergency Family and Medical Leave Expansion Act (EFMLA) [*or unpaid leave under traditional FMLA*]. If you do qualify, your FFCRA paid sick leave will run concurrently with, and will count toward, the total 12 weeks available under EFMLA [*and standard FMLA*]. If applicable, you will be notified of your rights and responsibilities under EFMLA and FMLA by separate correspondence.

If you need additional time off for other reasons, you may be eligible for extended leave and benefits under our company policy such as vacation, PTO or sick time.

**How much notice do I have to give to use my FFCRA paid sick leave?**

You are required to provide reasonable notice for foreseeable uses. If practicable, we ask that you call in every day unless you have notified us that your use of paid sick leave is expected to continue for up to 2 weeks. If you are approved to take leave intermittently and your schedule is unknown from day-to-day, you are expected to notify your supervisor or HR with as much advance notice as possible of work hours and paid leave hours.

**What type of verification is required?**

You will be required to provide documentation to verify the qualifying reason for the leave, such as a copy of any quarantine or isolation order, or written note by a health care provider advising self-quarantine, or a notice of closure of school or childcare provider (i.e. email, notification on website, or news article).

We understand that requesting healthcare provider documentation may place additional burdens on our medical community during this pandemic, therefore if you ask for documentation and are unable to

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obtain it, at a minimum, the name, address, and phone number of your treating healthcare provider must be provided.

**What happens to my insurance while I'm on leave?**

Any group insurance coverage you participate in now will continue under the same terms and conditions. We will continue making payroll deductions to cover your employee portion of the premiums.

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