

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
- 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 event² 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 _____.

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.

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.