

Emergency Paid Sick Leave: Employer Notice of Leave Form

Employee Name: _____ Employee Identification Number: _____

Date: _____

On _____, we received your request for leave under the Emergency Paid Sick Leave ("E-PSL") and any supporting information that you provided. Our records indicate that you requested leave beginning on _____, 2020, and ending on _____, 2020, because you are unable to work or telework, because you:

- Are subject to a federal, state, or local quarantine or isolation order related to COVID-19
- Have been advised by a health care provider to self-quarantine related to COVID-19
- Are experiencing COVID-19 symptoms and am seeking a medical diagnosis
- Are caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19
- 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
- Are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services

This notice is to inform you that you:

_____ Are approved for E-PSL leave. No additional information is required at this time. Your leave is approved beginning on _____, 2020, and ending on _____, 2020.

_____ Your approved E-PSL leave is NOT on an intermittent basis.

_____ Your approved E-PSL leave is on an intermittent basis, as follows: _____

_____ Are eligible for E-PSL 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-PSL leave because:

- Your stated reason for leave is not an eligible reason for E-PSL leave.
- You have exhausted your E-PSL leave entitlement.
- You have not demonstrated that you are unable to work or telework due to the noted reason.

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