**request emergency paid sick leave as provided under the Families First Coronavirus Response Act and [Company Name]'s Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.**

**Notice Granting**

**Emergency Paid Sick Leave and/or**

**Expanded Family and Medical Leave**

**Under the FFCRA**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [COMPANY] received your request for Emergency Paid Sick Leave (EPSL) and/or Expanded FMLA (EFMLA) under the Families First Coronavirus Response Act (FFCRA).

**Emergency Paid Sick Leave (EPSL)**

You requested EPSL to begin on \_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 for the following reason(s):

❏ 1) You are subject to a federal, state or local quarantine or isolation order related to COVID–19, or are unable to telework because of such an order.

❏ 2) You have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

❏ 3) You are experiencing symptoms of COVID–19 and seeking a medical diagnosis.

❏ 4) You are caring for an individual who is subject to either number 1 or 2 above.

❏ 5) You are caring for a child (or children) whose primary or secondary school or place of care has been closed, or whose childcare provider is unavailable due to COVID–19 precautions.

❏ 6) You are experiencing another substantially similar condition specified by the secretary of health and human services.

**This notice is to inform you that:**

❏ You are approved for EPSL. No additional information is required at this time. Your leave is approved beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

❏ Your EPSL is NOT approved on an intermittent basis (or you did not request to take EPSL on an intermittent basis).

❏ You requested EPSL on an intermittent basis, and it is approved on an intermittent basis, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ You are eligible for EPSL, but we need to receive additional information by [INSERT DATE] before your leave can be approved. If sufficient information is not provided in a timely manner, your leave request may be denied. This following information must be provided to [INSERT]:

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

❏ You are NOT eligible for EPSL because:

❏ Your stated reason for leave is not an eligible reason for EPSL.

❏ You have exhausted your EPSL entitlement.

❏ You have not demonstrated that you are unable to work or telework due to the noted reason.

You ❏ requested ❏ did not request to be permitted to supplement your pay with any accrued Paid Time Off (PTO) that is available. If you did request supplementation, your EPSL pay will be supplemented as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions about this determination or believe any information is incorrect, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at [email address].

**Expanded Family and Medical Leave (EFMLA)**

You requested EFMLA to begin on \_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020 for the following reason(s):

* Your child’s (or children’s) school has closed, due to COVID-19.
* Your child’s (or children’s) place of care has closed, due to COVID-19.
* Your child’s (or children’s) care provider is unavailable, due to COVID-19.

**This notice is to inform you that:**

❏ You are approved for EFMLA. No additional information is required at this time. Your leave is approved beginning on \_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_.

❏ Your approved EFMLA will NOT be taken on an intermittent basis.

❏ Your approved EFMLA WILL be taken on an intermittent basis, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ You are eligible for EFMLA, but we need to receive additional information by [INSERT DATE] before your leave can be approved. If sufficient information is not provided in a timely manner, your leave request may be denied. This following information must be provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at [email address]. [ADDITIONAL INFO NEEDED/INSERT]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

❏ You are NOT eligible for EFMLA because:

❏ You have worked for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for less than 30 calendar days.

❏ Your stated reason for leave is not an eligible reason for EFMLA.

❏ You have exhausted your EFMLA entitlement.

❏ You have not demonstrated that you are unable to work or telework due to the noted reason.

You ❏ requested ❏ did not request to be permitted to supplement your EFMLA pay with any accrued Paid Time Off (PTO) that you have available. If you requested supplementation, your EFMLA pay will be supplemented as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the first two weeks of EFMLA (which is otherwise unpaid), you requested to use the following:

* Unpaid leave
* EPSL
* Other Paid Time Off (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your first two weeks of EFMLA will be supplemented as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions about this determination or believe any information is incorrect, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at [email address].