**Emergency Family and Medical Leave Act: Employer Notice of Leave Form**

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

On \_\_\_\_\_\_\_\_\_\_\_\_, we received your request for leave under the Emergency Family and Medical Leave Act (the "EFMLA") 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 EFMLA leave. No additional information is required at this time. Your leave is approved beginning on \_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ Your approved EFMLA leave is NOT on an intermittent basis.

\_\_\_\_\_ Your approved EFMLA leave is on an intermittent basis, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_ Are eligible for EFMLA 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 EFMLA 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 EFMLA leave.[[1]](#footnote-1)
* You have exhausted your EFMLA and/or FMLA leave entitlement.
* You have not demonstrated that you are unable to work or telework due to the noted reason.

Under the FMLA, qualifying employees have a right to 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 event[[2]](#footnote-2) or for EFMLA reasons (EFMLA 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. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)