**Emergency Paid Sick Leave: Employer Notice of Leave Form**

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_, we received your request for leave under the Emergency Paid Sick Leave ("EPSL") 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 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 EPSL leave. No additional information is required at this time. Your leave is approved beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

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

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

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

\_\_\_\_\_ Are eligible for EPSL 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 EPSL leave because:

* Your stated reason for leave is not an eligible reason for EPSL leave.
* You have exhausted your EPSL 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.