**EXPANDED FAMILY AND MEDICAL LEAVE DESIGNATION NOTICE**

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

We have reviewed your request for leave under the EFMLA and any supporting documentation that you have provided. We have decided:

\_\_\_\_\_ Your EFML request is approved. All leave taken for this reason will be designated as EFMLA leave.

Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

\_\_\_\_\_ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please be advised (check all that apply):

 \_\_\_\_\_ You have requested to use Emergency Paid Sick Leave (EPSL) concurrently with the first two weeks of unpaid EFML. This EPSL will count against your EFMLA/FMLA leave entitlement. You will be paid at 2/3 your regular rate for EPSL, but no more than $200 per day/$2,000 in the aggregate.

\_\_\_\_\_ You have requested to supplement the EPSL that you will be using during the first two weeks of EFML with existing paid leave benefits to bring your wages up to 100%.

\_\_\_\_\_ You have requested to use existing paid leave during the first two weeks of EFML. You will be paid at 100% of your regular rate for these days.

Note that beginning on week 3 of EFML, if you have any remaining accrued personal or vacation days, these days will be used concurrently with EFML during weeks 3 through 12, and you will be paid at 100% of your regular rate. If you run out of existing personal or vacation days during weeks 3 through 12 of EFML, you will be paid at 2/3 of your regular rate, but no more than $200 per day/$10,000 in the aggregate.

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\_\_\_\_\_ More information is needed to determine whether the EFMLA applies to your leave request as indicated below. You must provide the following information within seven (7) days, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. You may use the EFML Notice and Request for Leave form to provide this information.

 \_\_\_\_\_\_ Name of son or daughter

\_\_\_\_\_\_ Name of school, place of care, or care provider that is closed or unavailable due to

COVID-19

\_\_\_\_\_\_ Documentation to establish that the employee is caring for a son or daughter whose school or daycare has been closed due to COVID-19 or the child care provider is unavailable for reasons related to COVID-19 and there is no other suitable person is available to care for the son or daughter during the period of such leave.

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\_\_\_\_\_ Your EFMLA Leave request is Not Approved for the following reason(s).

\_\_\_\_\_\_The EFMLA does not apply to your leave request.

\_\_\_\_\_\_You have exhausted your EFMLA/FMLA leave entitlement in the applicable 12-month period.