Designation Notice (Emergency Family and Medical Leave Expansion Act)

Leave covered under the Emergency Family and Medical Leave Expansion Act pursuant to the Families First Coronavirus Response Act ("Emergency FMLA Leave") must be designated as protected Emergency FMLA Leave. In order to determine whether leave is covered as Emergency FMLA Leave, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

To:

Date:

We have reviewed your request for Emergency FMLA Leave and any supporting documentation that you have provided. We received your most recent information on ______ and decided:

_ Your Emergency FMLA Leave request is approved. All leave taken for this reason will be designated as Emergency FMLA Leave.

You must notify us as soon as practicable if and when the circumstances of your leave change--i.e., your child's school and/or place of care is no longer closed due to a Public Health Emergency, and/or your child's childcare provider is no longer unavailable to to a Public Health Emergency--and you are accordingly able to return to work, you will be required to notify us at least two workdays prior to the date you intend to report for work.

Please be advised (check all that apply):

You have requested to use accrued unused paid leave up to and including your regulate rate of pay during your initial 10 days of unpaid Emergency FMLA Leave, inclusive of paid leave that you may also be eligible for during these initial 10 days pursuant to the Emergency Paid Sick Leave Act under the Families First Coronavirus Response Act. Any paid leave taken for this reason will count against your Emergency FMLA leave entitlement.

_____ After the first 10 days of your Emergency FMLA Leave, we are requiring you to supplement all paid leave under the Emergency Family and Medical Leave Expansion Act, with accrued unused paid leave pursuant to company policies and procedures up to and including your regular rate of pay.

____Additional information is needed to determine if your Emergency FMLA Leave request can be approved:

_____ The certification you have provided is not complete and sufficient to determine whether your leave qualifies as Emergency FMLA Leave. You must provide the following information no later than 10 days after the commencement of your Emergency FMLA Leave, or as soon as practicable thereafter if you have a reasonable excuse for doing so. If sufficient information is not provided in such a timely manner, we reserve the right to deny you further Emergency FMLA Leave and to request reimbursement of all money paid to you as Emergency FMLA Leave, if any.

(Specify information needed to make the certification complete and sufficient)

_ Your Emergency FMLA Leave request is Not Approved.

The Emergency Family and Medical Leave Expansion Act does not apply to your leave request.

You have exhausted your Emergency FMLA Leave entitlement in the applicable period of April $\overline{1,2020}$ through December 31, 2020.