

**EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLEA)
NOTICE OF LEAVE DESIGNATION**

TO:

FROM:

DATE:

We have reviewed your request for leave under the Emergency Family and Medical Leave Expansion Act (“EFMLEA”) and any supporting information that you provided. We received your most recent information on _____ and decided:

- _____ Your leave request is approved and all leave taken for this reason will be designated as EFMLEA leave. Please see Section I for further information.
- _____ Additional information is needed to determine if your leave request can be approved. Please see Section II for further information.
- _____ Your leave request is not approved. Please see Section III for further information.

If you have any questions about this determination, please promptly contact Human Resources.

SECTION I

_____ Your request for EFMLEA leave is approved and all leave taken for this reason will be designated as EFMLEA leave.

Please notify us as soon as practicable if dates of scheduled leave change or are extended. 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 under EFMLEA (and FMLA if applicable).

Your leave will begin on _____ and end on _____ (“Approved EFMLEA Leave”)

- Your approved EFMLEA leave is not on an intermittent basis.
- Your approved EFMLEA leave is on an intermittent basis, as follows:

Under FMLA, eligible employees may take up to 12 weeks of leave for a qualifying event in the applicable 12-month period.

- According to our records, you are eligible for FMLA leave and you have a remaining FMLA leave balance of _____ as of today, which may be used

for EFMLEA qualifying reason(s) and any other standard FMLA qualifying reasons. Your Approved EFMLEA Leave will count toward the EFMLEA leave as well as FMLA leave entitlement.

- According to our records, you are currently not eligible for FMLA Leave. Your Approved EFMLEA Leave will count toward the EFMLEA leave entitlement.

Please be advised, for up to the first two weeks of the approved EFMLEA leave:

- You have requested to use paid leave under the Emergency Paid Sick Leave Act (“EPSLA”). Accordingly, you will be paid during such period at 2/3 your regular rate of pay up to \$200 per day in accordance with EPSLA. Please note that leave under EFMLEA and EPSLA will run concurrently during such period.
- You have requested to use your available paid time off (e.g., vacation or sick time) under the Company’s paid time off policies during such period. You currently have sufficient paid time off to cover such period, and will be paid during such period in accordance with the Company’s time off policies.
- You have requested to use your available paid time off (e.g., vacation or sick time) under the Company’s paid time off policies, but if such paid time off is not sufficient to cover such period, then to take paid leave under EPSLA for the remainder of such period. Accordingly, once you have exhausted your available paid time off, the remainder of such period will be paid at 2/3 your regular rate of pay up to \$200 per day in accordance with EPSLA. Please note that EFMLEA and EPSLA will run concurrently during the remainder of such period.
- You have requested to use your available paid time off (e.g., vacation or sick time) under the Company’s paid time off policies, but if such paid time off is not sufficient to cover such period, to take the remainder of such period unpaid. You currently do not have sufficient paid time off available to cover such period. Therefore, once you have exhausted your available paid time off, the remainder of such period will be unpaid.
- You have requested that you take the EFMLEA leave unpaid for up to the first two weeks.

Note: After the first two weeks of EFMLEA leave, eligible employee are paid at 2/3 their regular rate of pay up to a maximum of \$200 per day for up to 10 weeks of EFMLEA leave.

SECTION II

_____ Additional information is needed to determine if your request for EFMLEA leave can be approved. The information you have provided is not complete and sufficient to determine whether EFMLEA applies to your leave request. You must provide the following information to Human Resources no later than _____, unless it is

not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

SECTION III

_____ Your request for EFMLEA leave is not approved for the following reason(s):

- You have worked for the Company for fewer than 30 calendar days.
- Your stated reason(s) for leave is/are not an eligible reason(s) for EFMLEA leave.¹
- The information you provided does not establish that your child's school or place of care is closed or your child's day care provider is unavailable due to COVID-19 precautions.
- You have not demonstrated that you are unable to work or telework due to the stated reason(s).
- You have already exhausted your EFMLEA and/or FMLA leave entitlement in the applicable 12-month period.

¹ You may be eligible for unpaid FMLA leave pursuant to the usual qualifying events, such as your own serious illness or caring for a family member with a serious illness. If you believe you have a usual qualifying event, please submit your request on the Company's standard FMLA form, or seek assistance from Human Resources.