

**EMERGENCY PAID SICK LEAVE ACT (EPSLA)
NOTICE OF LEAVE DESIGNATION**

TO:

FROM:

DATE:

We have reviewed your request for leave under the Emergency Paid Sick Leave Act (“EPSLA”) 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 EPSLA 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 EPSLA leave is approved and all leave taken for this reason will be designated as EPSLA 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 EPSLA.

Your leave will begin on _____ and end on _____.

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

SECTION II

_____ Additional information is needed to determine if your request for EPSLA leave can be approved. The information you have provided is not complete and sufficient to determine whether EPSLA 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 EPSLA leave is not approved for the following reason(s):

- Your stated reason(s) for leave is/are not an eligible reason(s) for EPSLA leave.
- The information you provided does not support your stated reason(s) for leave.
- You have not demonstrated that you are unable to work or telework due to the stated reason(s).
- You have already exhausted your EPSLA leave entitlement.