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| Emergency Family Medical Leave Expansion Act(April 1, 2020 to December 31, 2020) |
| *Notice of Decision* |
| To (Employee): |  |
| From (Employer): |  |
| Date of this Notice: | \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ / 2020 |
| Date of your request for Emergency Family Medical Leave: \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ / 2020 |
| *A copy of this Notice must be provided to employee and copies should be maintained by Human Resources/Personnel, and Payroll.* |

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| **Leave Decision** |
| Your request is \_\_\_\_\_ **APPROVED**, or \_\_\_\_\_ **DENIED**. |
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| If **DENIED**, your request is denied for one or more of the following reasons: (check all that apply) |
|[ ]  You have not been employed by [employer name] for thirty (30) days at the time leave was requested. |
|[ ]  You are not responsible for care of a son or daughter under 18 years of age. |
|[ ]  Your school/child care provider is not closed due to COVID-19. |
|[ ]  Employer has determined you are able to telework. Please contact [name and contact information] to make necessary arrangements. |
|[ ]  You are a health care provider or first responder exempt from the requirements of the Emergency Family and Medical Leave Expansion Act. |
|[ ]  The Public Health Emergency declared in relation to COVID-19 is no longer in effect. |

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| If **APPROVED**, your leave will be administered as follows |
| ***Days 1-10*** |
| Your leave will be UNPAID unless you have elected to substitute accrued paid leave for unpaid leave during the first ten (10) days. |
| [ ]  | You **HAVE NOT** elected to substitute accrued paid leave for the first ten (10) days. You may be eligible for paid leave under the Emergency Paid Sick Leave Act at 2/3 of the greater of minimum wage or your regular rate. If you want to take advantage of this benefit, please fill out the separate Emergency Paid Sick Leave Request. |
| [ ]  | You **HAVE** elected to substitute accrued paid leave for the first ten (10) days.Your available accrued paid leave balance is \_\_\_\_\_\_\_\_\_\_\_ hours/days. Accrued paid leave will be substituted as follows during days 1-10 of your leave:  |
| ***Day 11 and Beyond*** |
| You will receive your *Daily Paid Leave Rate* up to a maximum of $10,000. If your Daily Paid Leave Rate exceeds $200/day, you will receive $200 per day for each day of paid leave, not to exceed a total of $10,000. The maximum period of time for Emergency FMLA Leave is twelve (12) weeks.Your Daily Paid Leave Rate is calculated as follows: |
| Regular hours per day: |  |
| Regular Rate: | $ |
| 2/3 Regular Rate: | $ |
| Daily Paid Leave Rate:($200 max) | $  *(Hours Per Day x 2/3 of Regular Rate or $200 max)* |

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| **Job Restoration** |
| You will be entitled to restoration to the same or equivalent position at the conclusion of your leave unless the following special circumstance is noted: |
| [ ]  | **Employer has fewer than 25 Employees:**Your employer has fewer than 25 employees and your position did not exist at the time of your request due to economic conditions or other changes in your employer’s operating conditions that affect employment due to concerns related to COVID-19. Your employer will make reasonable efforts to restore you to the same or equivalent position at the conclusion of your leave and if such reasonable efforts are unsuccessful, will contact you if/when the same or equivalent position becomes available. |

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| **Employer Contact Information** |
| If you have questions, please contact: [Name][Title][Phone number][Email] |