

COMPANY'S RESPONSE TO REQUEST TO TAKE PAID LEAVE UNDER THE FFCRA

Date: _____

_____ (“Employee”) requested to take “emergency paid sick leave” (EPSL) or “expanded family and medical leave” (EFML) for:

_____: EPSL for qualifying reason(s) # _____ or;

_____: EFML for qualifying reason #5.

EMERGENCY PAID SICK LEAVE (EPSL)

_____: The Company **GRANTS** Employee’s request for EPSL:

1. EPSL is granted for _____ hours (based on Employee’s F/T or P/T status).
2. Employee’s average regular rate of weekly pay is \$ _____ or Employee’s average hourly rate is \$ _____.
 - a. ____: Employee qualifies for reason #1, 2, or 3 and will receive 100% of Employee’s average regular rate of weekly pay or Employee’s average hourly rate for the eligible hours, up to a cap of \$511 per day.
 - b. ____: Employee qualifies for reason #4, 5, or 6 and will receive 2/3 of Employee’s average regular rate of weekly pay or Employee’s average hourly rate, up a cap of \$200 per day.
 - c. ____: Employee elects to use other, accrued paid time off for reason #4, 5, or 6 in order to supplement Employee’s weekly pay, if such leave is available.
3. Date EPSL begins: _____; Date EPSL is expected to end: _____

_____: The Company **DENIES** Employee’s request for EPSL for the following reason(s):

1. ____: There is no qualifying reason under the Families First Coronavirus Response Act and the Act’s implementing regulations.
2. ____: Lack of sufficient documentation/information needed to substantiate a qualifying reason.
3. ____: Employee can perform regularly scheduled telework from home.
4. ____: There is currently no work available for Employee either at the worksite or via telework.

EXPANDED FAMILY AND MEDICAL LEAVE (EFML)

Date: _____

_____ (“Employee”) requested to take “expanded family and medical leave” (EFML).

_____: The Company **GRANTS** Employee’s request for EFML:

1. The EFML is granted for _____ weeks.
2. _____: The first ten days of EFML also qualifies or qualified under EPSL.
3. _____: The first ten days of EFML is unpaid.
 - a. _____: If the first ten days of EFML is unpaid, Employee elects to use other accrued, paid time off for the first ten days of EFML, if available.
4. Date EFML begins: _____; Date EFML is expected to end: _____

NOTE: If, after the first ten days of EFML, Employee has available other accrued, paid time off, Employee may be required to use the Employee’s accrued paid time off to supplement Employee’s pay.

_____: The Company **DENIES** Employee’s request for EFML for the following reason(s):

1. _____: Employee is not eligible for EFML because he or she has not worked for the Company for at least 30 days in the prior 60 calendar days from requesting the paid leave.
2. _____: Employee can perform Employee’s regular work schedule via telework from home.
3. _____: Employee has not provided sufficient documentation/information to substantiate the need for EFML.
4. _____: There is currently no work available for Employee either at the worksite or via telework.
5. There is another reason for denying EFML:

Date provided to Employee or date Employee notified: _____

Manager/Supervisor who completed Form: _____

This document should be retained for 4 years along with Employee’s request to take paid leave and any other documentation/information that substantiates Employee’s request for either EPSL or EFML