

# Emergency Family and Medical Leave (EFMLA)

– Designation Notice – SAMPLE

*Instructions:* Please use this form to formally communicate the approval/denial of an employee's EFMLA leave request. Check all terms of the leave that apply below.

To: \_\_\_\_\_  
Employee

From: \_\_\_\_\_  
Employee Representative

Date: \_\_\_\_\_

We have reviewed your request for leave under the EFMLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_ and have decided the following:

Your EFMLA leave request has been approved and you have agreed to the following:

The following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_

Your leave will be taken intermittently with the following schedule:

\_\_\_\_\_  
 Your first two weeks of EFMLA will be unpaid; you have not chosen to supplement this unpaid portion with any form of paid leave (Emergency Paid Sick Leave, vacation, etc.).

You will be taking Emergency Paid Sick Leave for the first two weeks of unpaid EFMLA leave.

You will be taking available sick, vacation, and/or other accrued paid leave to supplement the unpaid portions of your leave.

Your EFMLA leave request has been denied for the following reason:

You have not provided supporting documentation to substantiate your request.

Your rationale for the needed leave does not fit the criteria for the EFMLA.

If you have any questions, contact \_\_\_\_\_.

***This form is a sample only, and it does not address all potential compliance issues with federal, state, or local standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your legal counsel to address possible compliance requirements.***

