

# Emergency Family and Medical Leave (EFMLA)

– Notice of Eligibility and Rights and Responsibilities – SAMPLE

*Instructions:* Please use this form to formally communicate an employee's eligibility for EFMLA. To be eligible, an employee must have worked for a covered employer (private employer with fewer than 500 employees or certain public agencies) for at least 30 calendar days prior to leave. This notice should be provided to an employee as soon as practicably possible.

## Part A – Notice of Eligibility

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

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

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

On \_\_\_\_\_, we received your request for EFMLA leave beginning on \_\_\_\_\_ in order to care for your child(ren) under 18 years of age because of the closure of a school/place of care or the childcare provider is unavailable due to a public health emergency.

This Notice is to inform you that you:

\_\_\_ Are eligible for EFMLA leave (See Part B below for Rights and Responsibilities)

\_\_\_ Are NOT eligible for EFMLA leave because

\_\_\_ You have not met the EFMLA's 30-calendar day length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_ days towards this requirement.

\_\_\_ You have exhausted your 12-week traditional FMLA leave benefit for the applicable 12-month period.

\_\_\_ You have been placed on a temporary furlough due to business conditions.

\_\_\_ Your position no longer exists because of a permanent layoff.

\_\_\_ You work in a role exempt from this leave benefit, such as a qualified health care provider or emergency responder.

\_\_\_ Because you work in a small business with fewer than 50 employees, it was determined that providing EFMLA would jeopardize the viability of the business.

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

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## Part B – Rights and Responsibilities for Taking EFMLA Leave

As explained in Part A, you meet the eligibility requirements for taking EFMLA leave and still have \_\_\_\_\_ hours of FMLA-designated leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as EFMLA leave, you must return the following information to us by \_\_\_\_\_. If sufficient information is not provided in a timely manner, your leave could be denied.

\_\_\_\_\_ Completed request form

\_\_\_\_\_ You must communicate how much of your available sick, vacation, and/or other accrued paid leave you would like to use to supplement your EFMLA pay.

\_\_\_\_\_ While on leave, you must inform us/confirm the date in which you will return to work (in person or teleworking).

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.**

**If your leave DOES qualify as EFMLA leave, you will have the following rights:**

- You have the right under the EFMLA to take up to 12 weeks of job-protected leave, minus any previously exhausted weeks of leave under the traditional Federal FMLA.
- You have the right to initiate this leave until the Act expires on December 31, 2020.
- Your health benefits must be maintained during the leave under the same conditions as if you continued to work.
- Absent necessary job eliminations due to business conditions, you will be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment on your return from EFMLA leave.
- You have the right to have any sick, vacation, and/or other accrued paid leave run concurrently with your unpaid portions of your leave if allowable by employer policy.

Once we obtain the information from you as specified above, we will inform you that your EFMLA has been approved/denied as soon as practicably possible.

*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.*