

Emergency Paid Sick Leave (EPSL)

– Leave Determination – SAMPLE

Instructions: Please use this form to formally communicate the approval/denial of an employee's EPSL leave request. Approval of Emergency Family and Medical Leave will be determined separately.

To: _____
Employee

From: _____
Employee Representative

Date: _____

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

___ Your EPSL leave request has been approved for the following reason:

___ Based on your work schedule, you are eligible for ___ hours of EPSL at a rate of _____.

___ Your leave will be taken intermittently with the following schedule:

___ 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 EPSL.

___ 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 _____.

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.