

NOTICE OF ELIGIBILITY FOR EMERGENCY FAMILY AND MEDICAL LEAVE (EFMLA) AND RIGHTS & RESPONSIBILITIES

NOTICE OF ELIGIBILITY

To: _____ (Employee Name)

From: _____ (Administrator)

Company Name: _____

Date: _____

On _____ (Date), you informed us that you needed Emergency Family and Medical Leave (EFMLA) beginning on _____ (Date):

- ☐ I am subject to a federal, state, or local quarantine, isolation, containment, shelter-in-place, or stay-at-home order (collectively "Order"), related to COVID-19; or
- ☐ I have been advised by a health care provider to self-quarantine based on the provider's belief that I have, or may have, COVID-19, or I am particularly vulnerable to COVID-19; or
- ☐ I am experiencing symptoms of fever, dry cough, shortness of breath, or another COVID-19 symptom identified by the U.S. Centers for Disease Control and Prevention; or
- ☐ I am seeking or awaiting the results of a COVID-19 diagnosis/test; or
- ☐ I am obtaining a COVID-19 immunization; or
- ☐ I am caring for an individual who is subject to a federal, state, or local Order related to COVID-19 or who has been advised by a health care provider to self-quarantine based on the provider's belief that the individual has, or may have COVID-19, or is particularly vulnerable to COVID-19; or
- ☐ I must care for my child whose school or place of care is closed for reasons related to COVID-19; or
- ☐ I must care for my child whose child care provider is unavailable for reasons related to COVID-19.

This Notice is to inform you that:

- ☐ You meet the eligibility requirements for leave under the federal Emergency Family and Medical Leave Expansion Act, though it still needs to be determined whether your time off will be considered EFMLA leave.
- ☐ You are **not** eligible for leave under EFMLA because:
 - ☐ You have not met the 30-day length of service requirement. As of the first date of requested leave, you will have worked approximately _____ days toward this requirement.
 - ☐ You have exhausted the leave available to you under the federal Family and Medical Leave Act (FMLA). This only applies to companies/employers that are required by law to offer FMLA.
 - ☐ Due to your status with the Company as a health care provider/emergency responder, as defined under the Emergency Family and Medical Leave Expansion Act, the Company has decided to exclude you from the EFMLA's leave requirements.

If you meet the eligibility requirements for EFMLA, please see the "Notice of Rights & Responsibilities" section below. In addition, if you have questions, contact the **Human Resources** department or review the poster(s) related to EFMLA, located onsite or provided by your employer.

NOTICE OF ELIGIBILITY FOR EMERGENCY FAMILY AND MEDICAL LEAVE (EFMLA) AND RIGHTS & RESPONSIBILITIES

NOTICE OF RIGHTS & RESPONSIBILITIES FOR TAKING EFMLA LEAVE

If we indicated in the Notice of Eligibility section above that you meet the eligibility requirements for taking EFMLA and still have leave available in the applicable 12-month period, please review the following information and instructions. **In order for us to determine whether your absence qualifies as EFMLA, you must provide a completed and signed Leave Request & Notice Form within three (3) work days of the day you receive this notice (provided that you have not submitted one already). A blank Leave Request & Notice Form is attached if we have not already provided one to you.** If sufficient information is not provided, your leave may be delayed or denied. You must provide accurate and timely communication to the **Human Resources** department, or designated individual, regarding the leave request.

If your leave does qualify as EFMLA, you will have the following **responsibilities** while on leave:

- ☐ You must keep the **Human Resources** department, or designated individual, informed of any changes to your leave status.
- ☐ Health insurance premiums will continue to be deducted for an employee who is on a paid leave status, as you will be required to pay your portion of health insurance premiums while on leave. If the pay you receive while on paid leave will not cover your portion of the cost of health insurance premiums, you will need to work with Human Resources, or the designated individual, to make arrangements to continue making your share of the premium payments to maintain health benefits while you are on leave. *Based upon your company's policies, one of the following will apply. Please follow up with Human Resources or the designated individual to determine your company's policy.*
 - If timely payment is not made, we will pay your share of the premiums during your leave and will recover those payments from you upon your return to work.
 - You have a minimum 30 day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during leave, and recover these payments from you upon your return from work.
- ☐ If your leave is covered by EFMLA, up to the first two workweeks of your leave will be unpaid. For up to the first two workweeks of EFMLA, you will be permitted to decide whether to use any available paid time off benefits or Emergency Paid Sick Leave (EPSL) to cover some or all of your leave. If you decide to use accrued paid time off benefits or EPSL benefits available to you, you must complete and return the necessary paperwork to request the use of available paid time off and/or EPSL benefits. The use of any available paid time off and/or EPSL benefits will be considered part of your protected leave and will be counted against your leave entitlement. You may choose to use the following benefits, as applicable: ☐ **EPSL** ☐ **PTO** ☐ **Vacation** ☐ **Sick Leave**
☐ **Other:** _____
- ☐ Due to your status with the employer, you are considered a "key employee" as defined by FMLA. As a "key employee," restoration to employment may be denied following leave on the grounds that such restoration will cause substantial and grievous economic injury to the employer.
- ☐ We ☐ **have** ☐ **have not** determined that restoring you to employment at the conclusion of EFMLA will cause substantial and grievous economic harm to the employer.
- ☐ The employer employs less than 50 employees. Due to its size, the employer may deny your leave request, if providing you leave would jeopardize the employer's viability as a going business concern.

We ☐ **have** ☐ **have not** determined that providing you leave would jeopardize the employer's viability as a going business concern.

If the circumstances of your leave change, and you are able to return to work earlier than the date you originally indicated, you will be required to notify Human Resources at least two (2) work days prior to the date you intend to return to working.

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If your leave does qualify as EFMLA, you will have the following **rights** while on leave:

- You have a right under EFMLA for up to 12 weeks of leave to care for your child whose school or place of care is closed, or whose child care provider is unavailable, due to a COVID-19 public health emergency declared by a federal state or local authority. This leave may be taken between April 1, 2020 and December 31, 2020. As of March 11, 2021, your employer has the right to choose whether or not to extend this EFMLA coverage to allow time to be taken through September 30, 2021. This extended time does NOT add any additional leave and the amount of EFMLA and FMLA granted is still limited to 12 weeks. Please reach out to your Corporate HR Team to determine your company's policy.
 - **If your employer is already covered under FMLA**, and you have utilized FMLA time previously within the applicable 12-month FMLA period, all EFMLA and FMLA will be deducted out of the same 12 week, 480 hour "pool."
- You have the right to have accrued paid time off and/or EPSL run concurrently with your first ten (10) days of EFMLA (which are otherwise unpaid), provided you meet any applicable requirements of our policies. In particular, if you have paid time off and/or EPSL benefits available for use, you must complete and return the necessary paperwork to request the use of available paid time off and/or EPSL benefits. If you do not meet the requirements for taking paid time off benefits, you remain entitled to use any available EPSL. For further information on conditions applicable to the use of paid time off benefits provided by the employer or EPSL, please reach out to your manager.
- You have a right under EFMLA to receive partial income replacement for the remainder of your approved EFMLA leave (up to 12 workweeks), up to a maximum of \$200 per day or \$10,000 total for this period. If your employer permits top off/supplementing: You also have the right to choose to use any accrued company provided, state, or local accrued vacation, PTO, paid personal leave, or other paid sick leave to "top off" or supplement your EFMLA partial income replacement to get to 100% of your normal base salary/hourly rate. You must notify the Company prior to the leave commencing of your intent to exercise this option, unless providing such notice is not practicable under the circumstances. Typically, it should be possible to provide such notice within a day to two days of requesting leave.
- If you are on an EFMLA, your health benefits will be maintained during your protected leave under the same conditions as if you continued to work.
- You will be reinstated to the same or equivalent job with the same pay, benefits, and terms and conditions of employment on your return from a protected leave. However, you have no greater right to reinstatement than if you had continued to work.

Once we obtain the information from you as specified above, we will inform you, within five (5) business days, whether your leave will be designated as EFMLA and count toward your EFMLA and FMLA leave entitlement (if applicable). If you have any questions, please do not hesitate to contact your Human Resources Representative or designated individual.