**Designation Notice – Emergency FMLA**

Employee:

Date:

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

\_\_\_\_\_Your request is approved for FMLA. All leave taken for this reason will be designated as Emergency FMLA leave.

**The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended or were initially unknown. Based on the information you have provided to date; we are providing the following information about the amount of time that will be counted against your entitlement:**

Provided there is no deviation from your anticipated leave schedule, the following number of hours:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be advised (check if applicable):

You have requested to use paid leave during your Emergency FMLA during the following periods:

\_\_\_\_\_10 unpaid days of leave

\_\_\_\_\_To supplement your wages paid at 2/3 by the company to bring you as close to full wages as possible

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\_\_\_\_\_Your FMLA leave request is NOT APPROVED as you have not worked 30 days.

\_\_\_\_\_The FMLA does not apply to your leave request as it isn’t to care for your child due to school or child-care COVID-19 closures or circumstances.

\_\_\_\_\_You have exhausted your FMLA leave entitlement in the applicable 12-month period.

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