

Families First Coronavirus Response Act Notice of Eligibility/Designation Notice

Part A: Notice of Eligibility (to be completed by human resources)

Employee Name _____

Title/Agency/Unit _____

Notice of Eligibility

On _____, you informed us that you needed leave beginning on _____ or tap here to enter text. for the following reason(s):

- 1. Subject to a federal, state or local quarantine or isolation order related to COVID-19.
- 2. Advised by a health care provider to self-quarantine related to COVID-19.
- 3. Experiencing COVID-19 symptoms and seeking a medical diagnosis.
- 4. Caring for an individual¹ subject to a quarantine or isolation order.
- 5. Caring for son or daughter² whose school or place of care is closed or unavailable due to coronavirus-related reasons.
- 6. Other _____

This notice is to inform you (check all that apply):

We are unable to determine your eligibility based on the information submitted. Please provide the following information: _____ by (date) _____

Are eligible for **Emergency Family and Medical Leave Expansion Act (EFMLEA)** under the Families First Coronavirus Response Act. Any time taken under EFMLEA will count against your FMLA Leave entitlement (including any hours you supplement your EFMLEA leave with).

Are not eligible for **Emergency Family and Medical Leave Expansion Act (EFMLEA)** under the Families First Coronavirus Response Act, because (check all that apply):

You have not met the FFCRA FMLA's 30-day length of service requirement. As of the date of the requested leave, you will have worked approximately _____ days toward this requirement.

You have exhausted your FMLA entitlement prior to making this request. FMLA hours will become available to you again on _____

Your reason to take leave does not qualify because _____

You are an emergency responder or health care provider exempt from EFMLEA.

¹ Individual means an employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if quarantined. For this purpose, "individual" does not include persons with whom the employee has no person relationship [(ref. 29 CFR 826.20(a)(5)].

² Son or Daughter means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability (ref. 29 CFR 826.10).

- You failed to submit appropriate documentation to support your request.
- Are eligible for **Emergency Paid Sick Leave (EPSL)** under the Families First Coronavirus Response Act and:
 - Time coded to EPSLA will count against your FMLA leave entitlement.
 - Time coded to EPSLA will not count against your FMLA leave entitlement because _____
- Are not eligible for **Emergency Paid Sick Leave (EPSL)** under the Families First Coronavirus Response Act, because (check all that apply):
 - Your reason to take leave does not qualify because _____
 - You have exhausted your EPSL entitlement. These hours were exhausted on Click or tap here to enter text.
 - You are an emergency responder or health care provider exempt from EPSLA.
 - You failed to submit appropriate documentation to support your request.

Additional Details about the Schedule that is Approved (as necessary): _____

Please reference the Department of Labor’s Employee Rights poster available at:
https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf

Part B: Timesheet Coding Instructions (to be completed by human resources)

See Addendum A of the [Statewide DHR COVID-19 Policy](#) for information on coding your timesheet. If you have further questions, contact your HR representative.

Part C: Return to Work Requirements (to be completed by human resources)

Employees should follow the advice of their health care professional and the standards provided by the CDC in determining when it is appropriate to return to work.

Refer to the following CDC Guidance:

- What to Do if You Are Sick: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/steps-when-sick.html>
- Discontinuation of Self-Isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- Healthcare Discontinuation of Self-Isolation: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html#confirmed-suspected>

Additional Instructions (as appropriate): _____