COVID-19 FAMILY AND MEDICAL LEAVE DESIGNATION NOTICE

To: ____ Date:________________________

We have reviewed your request for COVID-19 FMLA leave and any supporting documentation that you have provided.

We received the most recent information on_____________________ and decided to:

☐ **DESIGNATE**

Your FMLA leave request is approved on a ☐ Continuous ☐ Intermittent ☐ Reduced Schedule basis. All leave taken for this reason will be designated as 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 leave entitlement:

☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: ____

☐ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

- Frequency:_______ times per (circle): week/month
- Duration: from (date): ______________ through:__________________

* **Please be advised that the first 10 days of COVID-19 FMLA leave is unpaid unless you elect to use your available paid leave. Leave beyond the 10-day period will be paid at 2/3 of your regular rate of pay up to $200 a day or $10,000 in the aggregate.**

☐ **DELAY**

Additional information is needed to determine if your FMLA leave request can be approved: ______________

____

☐ **DENY**

□ The FMLA does not apply to your leave request. Your FMLA leave request is Not approved.
□ You have exhausted your FMLA entitlement in the applicable 12-month period.
□ Your FMLA leave request is Not approved because: ____

____

____ ______________________________
Employee Signature Date

____ ______________________________
Department Representative Date