

# STATE OF ARIZONA

## Families First Coronavirus Response Act, Effective 04/01/20 - 12/31/20 Notice of Emergency Family and Medical Leave Expansion Act Designation

*Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.*

**Update 08/10/20:** The U.S. Department of Labor has provided guidance regarding the use of Employee Paid Sick Leave (EPSL) and **Emergency Family Medical Leave (EFML)** as schools are reopening. Schools are **still considered closed when they are not offering in-person classes**, so EFML benefits are still available to eligible employees to care for their children at home. For schools that are closed some days of the week for in-person classes, eligible employees **may use intermittent EFML** to care for their children on the days when only virtual classes are provided. **Some schools are offering both in-person and virtual classes and allowing parents to elect an option. In these situations, parents who elect virtual classes would NOT be eligible for EPSL or EFML because the school is not considered closed.**

To: \_\_\_\_\_

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 for EFML is approved. All leave taken for the purpose of caring for your child/ren due to school closure or childcare or provider unavailability due to the public health emergency related to COVID-19/Coronavirus 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 FMLA leave entitlement.**

Your request for EFML leave is approved from \_\_\_\_\_ to \_\_\_\_\_.  
(If end date is unknown, write unknown)

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

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\_\_\_\_\_ 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).

**Please be advised (check if applicable):**

\_\_\_\_\_ You will be granted \_\_\_\_\_ hours of Emergency Paid Sick Leave which may be used concurrently with the unpaid portion of your Emergency FMLA Leave. This time will count against your FMLA leave entitlement.

\_\_\_\_\_ During the time when you are paid 2/3 of your salary on Emergency FMLA leave, you \_\_\_\_\_ HAVE \_\_\_\_\_ HAVE NOT requested to use your accrued paid leave balances for the unpaid 1/3 of your wages. Any paid leave taken for this reason will count against your FMLA leave entitlement. (If you change this designation, it will be effective on the first day of the next pay period.)

**Additional information may be needed to determine if your request for EFML leave can be approved.**

\_\_\_\_\_ The information you have provided is not sufficient to determine whether the Emergency FMLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_, (Provide at least seven calendar days) unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. The following information needed is (specify):

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\_\_\_\_\_ **Your request for EFML is Not Approved because:**

\_\_\_\_\_ The Emergency FMLA does not apply to your leave request.

\_\_\_\_\_ Because the school or childcare provider is open for in-person classes, the school/provider is not considered closed under the Emergency FMLA, and you are therefore not eligible for this benefit.

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

\_\_\_\_\_ You work in a position that has been designated as a health care provider or emergency responder, and as such, you are excluded from this provision of the FMLA.

\_\_\_\_\_ **You have requested to use Emergency Paid Sick Leave from \_\_\_\_\_ to \_\_\_\_\_.** Please work with your supervisor to reflect the correct pay codes on your timesheet.

Any questions may be directed to your Human Resources representative.

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*It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500.*