

STATE OF ARIZONA

Families First Coronavirus Response Act, Effective 04/01/20 - 12/31/20 Notice of Eligibility and Rights and Responsibilities (Emergency Family and Medical Leave Expansion Act)

This form should be provided within five business days of an employee notifying the employer of the need for Emergency FMLA Expansion Act Leave under the Families First Coronavirus Response Act. Employees seeking Family and Medical Leave Act (FMLA) leave for any other reason should be provided the State's FMLA form ASPSP/HRD - FA6.03 5/2018. Employees seeking sick leave for any other reason should consult with their supervisor or Human Resources representative. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

Part A – NOTICE OF ELIGIBILITY

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ because:

You need leave to care for your child/ren under 18 years of age because the school or place of care has been closed, or the child care provider of your child/ren is unavailable, due to a public health emergency relating to the Coronavirus (COVID-19).

This Notice is to inform you that you:

_____ Are eligible for Emergency FMLA Expansion Act leave (See Part B below for Rights and Responsibilities)

_____ Are **not** eligible for Emergency FMLA Expansion Act leave, because (only one reason need be checked, although you may not be eligible for other reasons):

_____ As of the first date of requested leave, you will have worked approximately _____ days toward this requirement.

_____ 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.

If you have any questions, contact _____ or review the other information provided with this form.

PART B - RIGHTS AND RESPONSIBILITIES FOR TAKING EMERGENCY FMLA EXPANSION ACT LEAVE

As explained in Part A, you meet the eligibility requirements for taking Emergency FMLA Expansion Act leave and still have FMLA leave available in the applicable 12-month period.

_____ No additional information requested.

_____ Other information is needed:

Please provide this information by: _____. If sufficient information is not provided in a timely manner, your leave may be denied.

If your leave does qualify as Emergency FMLA Expansion Act leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

_____ Due to your status within the agency, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We **have/** **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

_____ While on leave you may be required to furnish us with periodic reports of your status and intent to return to work.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two work days prior to the date you intend to report for work.

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

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period, **if applicable**, commenced on: _____
- Your health benefits must be maintained during any period of this leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.

The following provisions of the Emergency FMLA Expansion Act apply to this FMLA leave, if approved:

- The first 10 days are unpaid; however, you may use available Emergency Paid Sick Leave, Sick Leave or Annual Leave during this time, providing you meet the requirements under the applicable State Personnel System Rules.
- Leave after the first 10 days is paid leave at 2/3 of your regular rate of pay for the number of hours you would normally be scheduled to work, capped at \$200 per day and \$10,000 in total. For more information on how this is calculated, including the amount you would receive if you work a varying schedule, you may contact _____ at _____.
- You may supplement this 2/3 pay with your own available sick leave and/or annual leave balance(s) to bring your pay to 100% during this leave. If you have exhausted your accrued sick and annual leave, you may request paid administrative leave during this time.
- Leave under this provision can be taken intermittently.

All other provisions of the FMLA remain intact, so for example, if an employee has already used 6 weeks of FMLA leave during the past 12 months, he/she is eligible for just 6 weeks of FMLA at this time. If an employee has exhausted 12 weeks of this leave, he/she is not eligible for any more FMLA leave until the 12-month period has expired.

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact: _____.