



# EMERGENCY FMLA DESIGNATION NOTICE



## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ PeopleSoft ID #: \_\_\_\_\_

Date: \_\_\_\_\_

1.  Your Request for Emergency FMLA Leave for care of a child whose school or childcare has been affected by COVID-19 is **approved** beginning:  
\_\_\_\_\_

This time may be taken intermittently as needed; however you will need to discuss scheduling of your leave with your supervisor ahead of time. You will be required to follow all departmental call-in procedures if an unforeseen need for leave occurs. Leave taken will be counted against your total federal FMLA entitlement, if applicable.

2.  Your Request for EFMLA is **not** approved because:  
 You have not met the EFMLA service requirement (30 days).  
 You have exhausted your FMLA leave entitlement in the applicable 12-month period.  
 Your request for leave is not covered by the Federal EFMLA  
 **Other:** \_\_\_\_\_

3.  Your request for FMLA leave is **pending** until additional information is received.  
 Documentation of qualifying family relationship.  
 Documentation of school or childcare closure on unavailability  
Please provide the information requested below no later than \_\_\_\_\_ (at least 7 calendar days) unless it is not practicable under the particular circumstances. Failure to provide information by the due date may result in FMLA denial.

↑ Approving Officer's **Signature** (leave administrator) ↑

↑ Approving Officer's Title ↑

↑ Date ↑

Approving Officers' name (**printed**):

### Departmental FMLA Administrator:

Departmental FMLA Administrator is responsible completing this form and for providing a copy of this completed form to employee's supervisor, employee's payroll clerk, and the DER Leave Administration Coordinator.

- Copy to Department of Employee Relations
- Copy to Departmental Payroll
- Original to confidential Medical File