

Employee Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

**Determination:**

This letter is to inform you that we have reviewed your FFCRA Request Form and have determined that based on your request and supporting documentation:

\_\_\_\_\_ Your FFCRA request for leave is approved.

\_\_\_\_\_ Additional information is needed to determine if you are eligible for leave.

\_\_\_\_\_ The certification you have provided is not complete or insufficient to determine leave eligibility.

\_\_\_\_\_ Your leave request is not applicable to the FFCRA program.

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

\_\_\_\_\_ Our organization is exempt from the FFCRA rules and regulations because of one of the following:

- a. the organization has less than 50 employees
- b. healthcare providers or emergency responders
- c. jeopardizes the viability of the business.

**Time and Pay Amounts:**

Amount of paid sick leave to be taken under FFCRA guidelines = \_\_\_\_\_ hours.

\_\_\_\_\_ Employee pay will be full amount due to the reason they selected.

\_\_\_\_\_ Employee pay will be at 2/3 amount due to the reason they selected.

Amount of paid EFMLEA leave, at the 2/3 rate of pay, to be taken under FFCRA guidelines: \_\_\_\_\_ weeks.

**Acknowledgement:**

I acknowledge that I have reviewed and am authorized to determine eligibility for our company and the information above is accurate.

Manager Name: \_\_\_\_\_

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

Manager Signature: \_\_\_\_\_

**\*Managers –Return this form, the Employee FFCRA Request form and supporting documentation to your Zamp HR payroll specialist.**

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