We have received your request for EPSL or EFML. Please see our response below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee name: | | |  | | | |
| Best way to contact *(email address, phone #, etc.)* | | |  | | | |
| Date leave is to begin: | | |  | Expected return to work date: | |  |
| Your request is honored.  Your request is honored with the following revision | | | | | | |
| *Revision:* | |  | | | | |
| Your request to care for your son/daughter due to school or child care being closed/unavailable is being denied under the small business hardship exemption | | | | | | |
| *Our small business with fewer than 50 employees is claiming a hardship exemption from your request as allowed by law for the following reason:* | | | | | | |
|  | *It would result in our expenses and financial obligations exceeding available business revenues and cause our small business to cease operating at a minimal capacity* | | | | | |
|  | *The absence of the employee or employees requesting EPSL would entail a substantial risk to the financial health or operational capabilities of our small business because of their specialized skills, knowledge of the business, or responsibilities* | | | | | |
|  | *There are not sufficient workers who are able, willing, and qualified, and who will be available at the time and place needed, to perform the labor or services provided by the employee or employees requesting EPSL, and these labor or services are needed for our small business to operate at a minimal capacity* | | | | | |
| Your request for intermittent leave is being revised as follows: | | | | | | |
| *Revision:* | |  | | | | |
| We are declining your leave request due to your position being essential to providing health care or emergency response, which can include those on which a health care provider or emergency responder must rely to be as fully staffed as possible in order to provide care. | | | | | | |
| Your leave request did not meet one of the available reasons to request emergency leave. | | | | | | |
| *Explanation:* | |  | | | | |
| You have already been provided your full two weeks worth of hours since April 1, 2020, among all the employers you have worked for since April 1, 2020. | | | | | | |
| If you fail to report for work, your employer may take corrective action. | | | | | | |
| Employer signature: | | |  | | Date: |  |