



State of Connecticut Human Resources
Designation Notice
 Agency Response to Employee Request for
 Families First Coronavirus Response Act (FFCRA or Act)
 Emergency Paid Sick Leave and/or Emergency Family and Medical Leave
Effective April 1, 2020 through December 31, 2020

(To be completed by the Human Resources Office)

Form # FFCRA-HR2b
Revision Date: 03/2020

TO: _____ (Employee Name) _____ (Agency)

FROM: _____ (Agency Human Resources Representative) _____ (Telephone Number)

DATE: _____

REASON FOR LEAVE *(Check reason):*

- You are under a Federal, State, or local quarantine or isolation order related to COVID-19;
- You have been advised by a health care provider to self-quarantine related to COVID-19;
- You are experiencing COVID-19 symptoms and are seeking a medical diagnosis;
- You are caring for an individual subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or the individual has been advised by a health care provider to self-quarantine related to COVID-19;
- You are caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
- You are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

We have reviewed your request for leave and any supporting documentation that you have provided. We received your most recent information on *(date)* _____ and determined:

- You are approved to take leave pursuant to one or more of the following leave entitlements:**
- Emergency Paid Sick Leave Act (EPSLA)
 - Emergency Family and Medical Leave Expansion Act (EFMLEA)

See pages 2 &3 for critical information about your leave entitlements, responsibilities and accrual usage. You may be required to provide certification of your fitness for duty at the end of your leave. See page 4 for more information.

- Additional information is needed in order to determine whether your leave request can be approved.**
See page 3 for an explanation of the additional information that will be needed.

- You are not approved to take leave pursuant to one or more of the following leave entitlements:**
- Emergency Paid Sick Leave Act (EPSLA)
 - Emergency Family and Medical Leave Expansion Act (EFMLEA)

See page 3 for an explanation of the reasons for the denials.

PART A: APPROVED LEAVES

You are approved to take leave under one or more of the following leave entitlements:

_____ Leave under federal EPSLA has been approved

_____ You have elected to take EPSLA leave for the first two weeks of EFMLEA leave, therefore all leave taken for this reason will be designated as federal FMLA leave.

- Your annual federal leave entitlement will begin/began on (date) _____.
- _____ You are required to notify us as soon as practicable if the 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 federal FMLA leave entitlement:

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

_____ 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 federal 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).

See Form FFRCA-HR2c for more information about coding your time.

_____ Leave under federal EFMLEA has been approved and all leave taken for this reason will be designated as federal FMLA leave.

- Your annual federal leave entitlement will begin/began on (date) _____.
- _____ You have requested to use your accruals during for the first two unpaid weeks of EFMLEA.
- _____ You are required to notify us as soon as practicable if the 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 federal FMLA leave entitlement:

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

_____ 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 federal 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).

See Form FFRCAA-HR2c for more information about coding your time.

Fitness for Duty:

_____ You are required to return page 4 of the Medical Certificate (Form P-33a) certifying your fitness-for-duty prior to being restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided.

A list of the essential functions of your position _____ is _____ is not attached.
(If attached, the fitness-for-duty certification must address your ability to perform these functions.)

Note: *Failure to return to work at the end of your leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by the agency.*

This form provided by the Department of Administrative Services

PART B: ADDITIONAL INFORMATION REQUIRED

Additional information is needed to determine if your leave request can be approved.

- You must provide the following information no later than _____ provide at least 7 calendar days), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

___ **FFRCA - HR3** – Intent to Return to Work

___ Other:

PART C: LEAVE REQUESTS NOT APPROVED

___ **You are not approved to take leave pursuant the Emergency Paid Sick Leave Act (EPSLA), because:**

___ The federal EPSLA does not apply to your leave, because:

___ Other:

___ **You are not approved to take leave pursuant the Emergency Family and Medical Leave Expansion Act (EFMLEA), because:**

___ You have exhausted your federal FMLA leave entitlement in the applicable 12-month period.

___ The federal EFMLEA does not apply to your leave, because:

___ Other:

PART D: USE OF ACCRUALS

REQUESTED USE OF ACCRUALS (If not utilizing EPSLA during first two weeks of EFMLEA leave):

- The choice to use your accruals during the first two weeks of the unpaid EFMLEA leave during your absence must be made before you begin your leave.
- If you do not elect to use your accruals, the first two weeks of EFMLEA leave will be unpaid
- If you choose not to use all your accruals or if your accruals are exhausted before the first two weeks of EFMLEA leave ends, the remainder will be unpaid.
- You cannot intermingle unpaid time with paid time.

Based on the information you provided to date, your accruals will be used as follows:

USE OF ACCRUALS	Sick Leave Accruals	Vacation Accruals	Personal Leave	Comp Time	Holiday Comp Time	Rowland SEBAC VAC	Rowland SEBAC PL
REASON 5: You are caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19	Days/ Hours						
Indicate Number of Hours to Use							
Indicate Priority Order to Use for Above Hours							