

# Emergency Paid Sick Leave and Expanded Family Medical Leave CONFIRMATION

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

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

## Emergency Paid Sick Leave dates approved:

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Estimated Gross Pay Benefit based on regularly scheduled hours: \_\_\_\_\_

**Please note:** all of the usual taxes and payroll deductions for health plan expenses and 401(K) contributions will be deducted from the gross pay.

## Expanded Family Medical Leave dates approved:

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Estimated Gross Pay Benefit based on regularly scheduled hours: \_\_\_\_\_

**Please note:** all of the usual taxes and payroll deductions for health plan expenses and 401(K) contributions will be deducted from the gross pay.

If your scheduled hours vary by week, your benefit is based on the average number of hours worked over the previous 6 months. Please see your supervisor if you have questions about how your benefit was calculated.

Per our policies you also have the following available to you as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Paid Sick Leave: \_\_\_\_\_ ☐ Days / ☐ Hours

Paid Time Off: \_\_\_\_\_ ☐ Days / ☐ Hours

If you wish to use either of these benefits before or after you use Emergency Paid Sick Leave or Expanded Family Medical Leave, you will need to abide by our leave request policy and procedures that we already have in place.

Approved by : \_\_\_\_\_

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

**-----Please keep a copy of this document for your records.-----**