

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)  
EMERGENCY PAID FAMILY AND MEDICAL LEAVE AND  
EMERGENCY PAID SICK LEAVE**

**EMPLOYEE ELIGIBILITY EXCLUSION NOTIFICATION**

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

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

Date of Emergency Paid Leave Request: \_\_\_\_\_

We are in receipt of your request for Emergency Paid Family & Medical Leave or Emergency Paid Sick Leave as provided under the Families First Coronavirus Response Act (FFCRA). This is to inform you that your position is one that meets the definition of Health Care Provider as defined by 29 CFR Part 826.30(c)(1) and, as such, is excluded from the category of individuals who are eligible for Emergency Paid Family & Medical Leave or Emergency Paid Sick Leave.

Employees who require leave must refer to the company policies and procedures that address both paid and unpaid leave from work. If you have questions or need assistance determining which leave benefits for which you may be eligible, please contact the Human Resources Department at \_\_\_\_\_, or via email at \_\_\_\_\_

Name *(Please Print)*: \_\_\_\_\_ Title: \_\_\_\_\_

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