



**LEAVE MANAGEMENT SOLUTIONS**  
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Family First FMLA Eligibility - Conditional Designation Letter - Training Narrative  
(OV3101)

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Purpose: Use to notify of eligibility and conditionally grant FMLA Family First leave when an employee has been absent for 3 or more days, or has informed you of the need for FMLA leave due to a qualifying event, but has not provided enough information on the certificate confirming the need for leave is a qualifying FMLA Family First event.

After you have downloaded the form from our webpage, save it to your computer.

We suggest grouping the letters/forms by 'leave type,' and then have separate folders for the letters and forms. You may want to organize it like our Table of Contents so you can easily cross-reference our list with your folders to easily determine what letters you have or do not have.

Once the document is saved, open it so you can create your company template by updating all the **blue highlights** within the document.

The **yellow highlights** are employee specific details and will be changed with individual situations.

- To update the blue highlights, begin by executing a "Find and Replace" for the word "Company." Replace "Company" with your organization's business name.
- Review the payment section carefully regarding the Family First Sick Leave and Family First COVID-19 FMLA payments.
- List all leave and/or disability benefits offered by your state or company, which the employee may be eligible to receive.
- Delete the health care benefits paragraph if your company does not offer medical benefits. If you offer medical benefits, refer to your Benefits Policy to determine when the employee's benefits will end. If the employee is on a reduced-work schedule, or otherwise will be working, include information on the number of hours worked to maintain eligibility.



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- If there is a medical benefit co-payment, include the name of the person the employee should contact regarding these payments and where the payments should be mailed. Add any other instructions necessary so the co-payment reaches the right person and is processed correctly.
- Next, indicate whom the employee is to contact in the event that they cannot return to work.
- In accordance with your policies, indicate how many days in advance the return to work date employees are required to notify you if they cannot return to work. *If this is not addressed in your policy manual, we suggest two (2) days' notice.*
- Enter your name, title and contact telephone number.

**You have successfully completed your template! Save it so it can be used when customizing the yellow highlights.**

The first few yellow highlights include the current date and the name and address of the employee. Date the letter as the day it will be mailed to the employee.

- Enter the date the employee first notified you of the need for leave.
- If the employee has given you the date they will need leave of course none of know the date Federal or State quarantine will end, edit the paragraph to read as follows:
  - The effective date will be the date of the letter or the notification if you are creating the letter within 5 days of receiving the notification.
  - Your sentence should read:
  - Effective DATE, we are placing you on conditional FMLA leave....
  - **Note: You are required by the FMLA to send the letter within 5 days of being notified. We do not suggest you retroactively designate FMLA if the 5-day window is missed. Leave protection starts the**



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**date the employee requested leave, but they will be eligible for 12 weeks from the date you send the letter if the 5 day window is missed.**

- If the employee has not given you a date for the needed leave, edit the first sentence of the second paragraph to read as follows:
  - In anticipation of your upcoming leave of absence, we are providing the following information to help you plan your leave. We will be placing you on conditional FMLA leave.
- The certificate is due 15 calendar days from the date the employee was provided this notice.
- The set of yellow highlights in the fourth paragraph addresses how many weeks of FMLA is available to the employee.
- The first yellow highlight is the total number of weeks available to the employee at the time of the letter. This could be up to 12 weeks if the employee has not used FMLA before (if you have under 50 employees, they get 12 weeks) or less than 12 weeks if FMLA has been used. For example, if 3 weeks were previously used, according to the method you use to calculate usage (roll forward, rollback or annual), 9 weeks would be entered as the number of weeks available.
- In the second yellow highlight, enter the number of weeks/days/hours that have been used as of the date of the letter or the date of notification. In this example you would enter 3 weeks as previously used.
- In the third yellow highlight, enter the number of weeks/days that are still available to the employee. If you know the leave will be for an additional 4 weeks, enter the number of weeks and days remaining after the leave is over. EXAMPLE: 3+4 = 7 weeks used, and 12-7 = 5 weeks of leave remaining.
- Enter the dollar amount and the due date of the employee's share of cost of benefits if there.



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- Finally, enter the date one-day prior to the expiration of the certificate if one has been provided to you. If not, delete the last part of the sentence as indicated and do not enter a date.

Under the enclosures section:

1. Family First FMLA and FMLA Rights Pamphlet
2. Family First FMLA Notification
3. Family First FMLA Certification
4. Family First Sick Leave Certification
5. Job Description [Title of Job Description]
6. State Disability/Paid Family Leave pamphlet [update this to reflect your states' benefits if applicable]
7. Certification of Health Care Provider for Employee to Return to Work

Once the letter has been completed, we suggest reading through it or having someone else proofread it to be sure that it makes sense and sections were not missed. We also suggest sending the letter via regular certified or return receipt mail so that there are not any doubt that the employee has received the letter. Maintain a copy of the letter sent in the employee confidential medical file, and if you are utilizing our Medical Leave Management (MLM) timeline (GE1007), update the timeline with the title of the letter and the date sent along with any other important dates such as a medical certificate expiration date, due dates, benefit expiration, etc.

It is important to document ALL conversations with the employee as well as maintaining a record of all documents sent to and received from the employee on the MLM timeline.

If the employee fails to return the certificate, please see FMLA Designation Conditional Letter Second Request (OV3102).

If the employee does turn in a satisfactory medical certificate, please see FMLA Designation Letter (OV3103).