**FMLA Family First Conditional Designation Letter**

**Second Request (OV3102)**

Send Certified And Regular Mail

Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

NAME

ADDRESS

Dear NAME:

COMPANY has received information on DATE that indicates you were absent for a reason that may qualify as leave under federal Family First Family Medical Leave Act (FMLA) . However, as of DATE [DATE CERT WAS DUE FROM ORIGINAL NOTIFICATION CONDITIONAL DESIGNATION LETTER], we have not yet received the required certification indicating you qualify for job and attendance protection under Family First FMLA leave benefits.

As stated in our previous letter provided to you on [DATE LETTER MAILED/HAND DELIVERED], we are placing you on conditional Family First FMLA leave, pending receipt of the enclosed medical certification. You must provide the documentation confirming the need for leave no later than DATE [7 CALENDAR DAYS FROM THE DATE OF THIS LETTER OR FROM THE INITIAL DUE DATE, WHICHEVER IS LATER] in order for the Family First FMLA leave of absence to be approved. Timely submission of your certification will assure your current time off, your job, and your benefits are protected under Family First FMLA.

**Failure to provide the required enclosed certification by the date indicated above, confirming the need for leave, will result in the DENIAL of FMLA protected leaves and may subject you to disciplinary action for excessive absences. [MAKE SURE YOU ARE READY TO DO THIS IF THEY FAIL TO RESPOND – BE CONSISTENT]**

If you have any questions about the Family First Family and Medical Leave or other benefits, please contact:

Name: HR/LEAVE ADMINISTRATOR NAME

Phone: CONTACT ##

Enclosures:

1. Family First FMLA and FMLA Family Medical Leave Rights Pamphlet
2. Family First FMLA Certification
3. Family First Sick Leave Certification
4. State Disability/Paid Family Leave Pamphlet [REMOVE OR UPDATE BASED ON YOUR STATE]
5. Certification of Health Care Provider for Employee to Return to Work