**Family First FMLA Designation Letter (OV3103)**

Send Certified And Regular Mail

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

DATE

NAME

ADDRESS

Dear NAME:

COMPANY has received your certificate dated DATE indicating your need for Family First Family Medical Leave from START DATE. We are designating your leave in accordance with the federal Family First Family Medical Leave Act (FMLA) from FFMLA START DATE. [REMEMBER WWE DO NOT RECOMMEND YOUR RETORACTIVELY DESGINATION FMLA ELIGIBLITY IF THE NOTICE WAS NOT SENT WITHIN 5 WORKING DAYS – UNLESS YOU HAVE A WRITTEN REQEUST FROM THE EMPOYEE CONFIRMING THEIR REQUEST TO HAVE YOUR RETORACTIVLEY DESIGATE – SEE FORM CA2104 FMLA – CFRA Conditional Designation Retroactive Request Letter]. FMLA benefits cannot exceed a total of twelve (12) weeks in your current 12-month FMLA leave calculation period and all Family First FMLA benefits expire on December 31, 2020.

We understand that your leave will be:

Continuous  Intermittent (predictable leave only)  Reduced-Work Schedule

As of DATE you have used NUMBER OF weeks (##) days (##), hours (##) of COVID-19 FMLA Family First Leave available through December 31, 2020. If you are otherwise eligible for FMLA, your eligibility for COVID-19 FMLA is dependent on any existing FMLA that has already been utilized during your current FMLA 12 month period. COVID-19 does not run concurrently with CFRA, unless the reason for your qualifying leave is your own serious health condition or the serious health condition of a CFRA qualifying family member. During the current 12-month period/COVID-19 period you have used NUMBER OF WEEKS (##) weeks and NUMBER OF DAYS (##) , leaving you with NUMBER OF WEEKS (##) weeks and NUMBER OF DAYS (##) days.

FMLA leave is an unpaid leave, however the first 2 weeks or 10 working days of COVID-19 Family First FMLA is a paid leave through the Family First Sick Leave benefit, as indicated below, as follows:

\_\_\_\_\_ Employees on leave due to the following qualifying reasons will receive their \*normally paid daily wages, not to exceed $511 per day and $5110 total if:

:

* Advised by a Healthcare Provider to Self-Quarantine, and the reason for the self-quarantine meets the criteria of a SHC under FMLA
* You are experiencing Symptoms Due to the Coronavirus, that meet the criteria of a SHC under FMLA
* Your illness rises to a level qualifying under the definition of FMLA Serious Heath Condition

All the aforementioned criteria are how you paid if you COVID-19 Family First Sick Leave qualifying event rises to a level of SHC under FMLA .

\_\_\_\_\_ Employees on Family First FMLA COVld-19 leave due to the following qualifying reasons, will receive up to 2/3 of their \*normally paid daily wages, not to exceed $200 per day and $2000 in total:

* Caring For an Individual who is Subject to Self-Quarantine,
* Caring For a Child Because of a School Or Childcare Closure
* Or, the employee is Experiencing a Similar Condition specified by the Secretary Of Health And Human Services (that meets the definition of SHC under FMLA )

**Your wages during Family First FMLA will be paid at the following rate for the first two weeks, 10 days, of your leave at the following rate per hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*In the event your work schedule varies from week to week, your daily wages will be determined by evaluating your average weekly work hours over the last six months immediately preceding the day your Family First FMLA Leave begins. If you have not worked over the last six months the “reasonable expectation of the average number of hours per day worked at time of hire” will be used to calculate your daily rate.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

The remaining 10 weeks of FMLA Family First COVID-19, Caring For a Child Because of a School Or Childcare Closure, is eligible to be paid under the COVID-19 FMLA regulation, up to a maximum of $10,000. Compensation is based on your \*normal work week as follows:

* Employees are paid for the remaining 10 weeks at a rate of 2/3 of the employee’s \*regular rate of pay, not to exceed $200 per day or $10,000 aggregate.

**Your wages will be paid at the following rate for the first two weeks, 10 days, of your leave at the following rate per hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*In the event your work schedule varies from week to week, your daily wages will be determined by evaluating your average weekly work hours over the last six months immediately preceding the day your Family First FMLA Leave begins. If you have not worked over the last six months the “reasonable expectation of the average number of hours per day worked at time of hire” will be used to calculate your daily rate.

You may choose to use any accrued unused vacation/sick/PTO [VERIFY WITH COMPANY POLICY WHICH TO USE] while on an unpaid leave of absence to supplement any paid leave. As of DATE, you currently have NUMBER OF weeks (##) / Days (##) / Hours (##) of vacation/sick/PTO [VERIFY WITH COMPANY POLICY WHICH TO USE].

As per your request we will \_\_\_\_\_ / we will not \_\_\_\_\_supplement your Family First Sick Leave benefits, as well as any other compensation you may be eligible for, with your unused accrued leave once your FMLA Family First paid leave has been exhausted.

Your health care benefits will continue for up to 12 weeks during your Family First FMLA leave provided you are enrolled at the time leave began. If you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment amount is $DOLLAR AMOUNT and will be due on DATE. Please send your payment to COMPANY, ADDRESS.

Please contact us using the information below if you are having any challenges paying your co-pay during these difficult times and a payment arrangement can be discussed.

If you have any questions about the family and medical leave or other benefits, please contact:

Name: HR/LEAVE ADMINISTRATOR NAME

Phone: CONTACT ##

Enclosures:

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