



LEAVE MANAGEMENT SOLUTIONS
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Family First Sick Leave Certification (OVCA3008)– Training Narrative

Purpose: Use to formally document employee sick leave requests with COVID-19.

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

We recommend 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 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.

- Update the header with your organization's business name.
- The Family First Sick does NOT run concurrently with any other sick leave, including city, state or your own company's sick leave/PTO policies.
- This is a very comprehensive benefit for the employee to use for any type of leave related the COVID-19 challenges we are currently facing. However, they still need to verify in writing why they are taking the leave.
- Number three on the form lists the various reasons the employee will qualify for the leave. The 80 hours is designed to assure the employee will be paid during the Family First 2 week waiting period for FMLA, as well for non-qualifying Family First
- NOTE: If the employee does not work full time, this is a pro-rated leave to provide two weeks of the employees' "normal work weeks" of leave. So, if the employee works 30 hours a week, the full benefit would be 60 hours NOT 80. Be sure to explain this in detail to the employee.
- Once the employee has determined the need to take leave in number 2, the next concern is; will they have a medical provider confirm their need for leave if the leave is for:
 - ☐ Advised to by health care provider to self-quarantine
 - ☐ Experiencing symptoms
 - ☐ Caring for individual subject to criteria in #1 or #2 above
 - ☐ Experiencing similar condition as specified by the Secretary of HHS



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IF the leave is for one of the reasons above, we would expect the employee to provide a medical providers confirmation by requesting a medical professional sign this document. If, however, as indicated by the CDC, it is difficult to obtain medical treatment, then we want the employee to confirm they attempted to obtain medical feedback, but were unable to.

- The bottom section of the form requires the employee to sign as a representation that they were unable to see a medical provider.
- Employee must sign the form.

NOTE to HR:

- In your procedure manual, you should also indicate what the standard operating procedure is for processing these forms. Your employees and supervisors should have a very clear understanding of how long it takes for these forms to get processed so the employee cannot say there was a delay in their processing that affected their leave – specifically FMLA and ADA or any other state or federally protected medical leaves.
- REMEMBER: Under FMLA you have 5 business days to notify the employee that they are eligible or not eligible for the requested FMLA Sick Leave, so that would be April 8, 2020, for any employees currently on leave due to any of the reasons listed is #3 on the form.

You have successfully completed your template!