**Family First FMLA Eligibility - Conditional Designation Letter (OVCA3101)**

Send Certified And Regular Mail

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

DATE

EMPLOYEE

ADDRESS

Dear EMPLOYEE NAME:

COMPANY received information on DATE that indicates you were/are/going to be absent from work for a reason which may qualify as leave the federal Family First Family and Medical Leave Act (FMLA). However, we have not yet received the required certification confirming your request.

Effective DATE, [OR] In anticipation of your upcoming leave of absence we are providing you the following information to help you plan your leave. We will be placing you on/we are placing you on conditional FMLA leave, pending receipt of the enclosed certification. You must provide the certification confirming the need for leave no later than DATE [15 CALENDAR DAYS FROM THE DATE THE EMPLOYEE PROVIDED THIS NOTICE] in order for the FMLA leave of absence to be approved (including retroactively designating FMLA/CFRA upon your request). Timely submission of your certification will assure your time off work, your job, Family First and Sick Leave compensation, and your medical benefits are protected under FMLA.

**Failure to provide the required enclosed certification confirming the need for leave may result in denial of FMLA protected leave and may subject you to disciplinary action for excessive absences, up to and including termination.**

Once you have provided the enclosed certification, COMPANY will send a letter to confirm your Family and Leave designation. If your absence is approved, you will have NUMBER OF WEEKS (##) weeks of Family and Medical Leave available to you. As of DATE, you have used NUMBER OF weeks (##) days (##), hours (##) of Family Medical Leave during the current FMLA eligibility period through December 31, 2020. This includes the conditionally approved leave, leaving you with NUMBER OF WEEKS (##) weeks and NUMBER OF DAYS (##) days.

FMLA leave is normally an unpaid leave. However, upon receipt of the enclosed Family First Sick Leave Certification and the enclosed Family First FMLA Certification, you will receive: (1) up to two weeks of Family First Emergency Paid Sick Leave to cover the first 10 workdays of the Family First FMLA paid leave waiting period and the remaining 10 weeks as followed below (\*paid at your normally scheduled hourly work rate).

1. 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:

\_\_\_\_\_ 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 the Employee is:

* Subject to self-quarantine/isolation, as result of a State, Federal, or local mandate,
* Advised by a Healthcare Provider to Self-Quarantine, or
* Experiencing Symptoms due to the Coronavirus,
* NOTE: If the qualifying event above meets the definition of the CFRA/FMLA Serious Heath Condition (this leave will run concurrent to CFRA)

\_\_\_\_\_ Employees on 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
* The Employee is Experiencing a Similar Condition specified by the Secretary Of Health And Human Services

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. The remaining 10 weeks is eligible to be paid under the COVID-19 Family First FMLA regulation, up to a maximum of $10,000, based on your \*normal work week as follows:

* Employees are paid for the remaining 10 weeks at no less than 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 remaining 10 weeks, up to $10,000, 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.

In accordance with COMPANY [VERIFY WHAT YOUR POLICY SAYS] policy, you may use any accrued unused vacation/sick/PTO [VERIFY WITH COMPANY POLICY WHICH TO USE] while on an unpaid leave of absence. Any accrued unused paid leave benefits will be utilized to supplement any portion of your unpaid wages, at your request. When you submit the certificate, Please indicate that you would like us to utilize your existing accrued leave to supplement any unpaid wages.

As of DATE, you currently have NUMBER OF weeks (##)/days (##)/hours (##) of vacation/sick/PTO. Once the Family First Act Sick Leave and your accrued leave has been exhausted, FMLA leave is unpaid.

[NOTE HERE IF THERE ARE ANY ADDITIONAL COMPANY SPECIFIC POLICIES THAT CONTINUE TO PAY WAGES]

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 and JOB TITLE.

If you are eligible for State Disability Insurance (SDI) or Paid Family Leave (PFL), your SDI benefits and PTO/sick and vacation leave pay will be coordinated so that your SDI/PTO/sick and vacation leave payments do not exceed your normal rate of pay. [REMOVE PREVIOUS SENTENCE IF NOT APPLICABLE] Information about State Disability Insurance (SDI) and Paid Family Leave (PFL) benefits are enclosed within this letter. It is your responsibility to apply for such benefits through the local Employment Development Department (EDD).

Our COMPANY has under 25 employees and therefore cannot not guarantee reinstatement if your prior position has been eliminated. [REMOVE THIS SENTENCE IF YOU HAVE MORE THAN 25 EMPLOYEES]

Remember that if you are absent because of your own illness or injury, you must provide the company with a medical release to return to work form at the time your return to work. [VERIFY YOUR COMPANY’S RETURN TO WORK RELEASE POLICY AND MODIFY AS APPROPRIATE] In the event that you are unable to return to work at the end of your authorized leave or you are requesting additional leave, please contact HR/LEAVE ADMINISTRATOR NAME “NUMBER OF DAYS” [VERIFY WITH POLICY OR DETERMINE INTENT AND BE CONSISTENT, NO MORE THAN 2 DAYS] days prior to your certificate expiration date so we may plan accordingly regarding your continued absence or intent to return to work.

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

Name: HR CONTACT NAME

Phone: HR CONTACT NUMBER

Enclosures:

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
7. Certification of Health Care Provider for Employee to Return to Work