

**INSTRUCTIONS to the EMPLOYER:**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. This form complies with this requirement and the use of this form is encouraged. Employers must maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files.

**SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave**

**INSTRUCTIONS to the EMPLOYEE or COVERED SERVICEMEMBER:**

Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

**SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:**

The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.

**SECTION I: FOR COMPLETION BY THE EMPLOYEE AND/OR THE COVERED SERVICEMEMBER FOR WHOM THE EMPLOYEE IS REQUESTING LEAVE. (THIS SECTION MUST BE COMPLETED FIRST BEFORE ANY OF THE BELOW SECTIONS CAN BE COMPLETED BY A HEALTH CARE PROVIDER.)**

**PART A: EMPLOYEE INFORMATION**

Name of Employee Requesting leave to Care for a Covered Servicemember:

Name of Covered Servicemember (for whom employee is requesting leave to care):

Relationship of Employee to Covered Servicemember Requesting Leave to Care:

Spouse      Parent      Son      Daughter      Next of Kin

**PART B: COVERED SERVICEMEMBER INFORMATION**

1) Is the Covered Servicemember a current member of the Regular Armed Forces, the National Guard or Reserves?

Yes      No

If yes, please provide the Covered Servicemember's military branch, rank, unit currently assigned to:

Is the Covered Servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of member of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?      Yes      No

2) Is Covered Servicemember on the Temporary Disability Retired List (TDRL)?      Yes      No

**PART C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER**

Describe the care to be provided to the Covered Servicemember and an estimate of the leave needed to provide the care:

**SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).**

**PART A: HEALTH CARE PROVIDER INFORMATION**

Health Care Provider's Name and Business Address:

Type of Practice/Medical Specialty:

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider:

Telephone: (    )

Fax: (    )

Email:

**PART B: MEDICAL STATUS**

1) Covered Servicemember's medical condition is classified as (check one of the appropriate boxes):

**(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

**(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

**OTHER Ill/Injured** – A serious injury or illness that may render the Servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

**NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete the Conditional Family Leave Notification form

2) Was the condition for which the Covered Service member is being treated incurred in the line of duty on active duty in the Armed Forces?      Yes      No

3) Approximate date condition commenced:

4) Probable duration of condition and/or need for care:

5) Is the Covered Servicemember undergoing medical treatment, recuperation, or therapy?      Yes      No  
If yes, please describe medical treatment, recuperation or therapy:

**PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER**

(1) Will the Covered Servicemember need care for a single continuous period of time, including any time for treatment and recovery?      Yes      No

If yes, estimate the beginning and ending dates for this period of time:

(2) Will the Covered Servicemember require periodic follow-up treatment appointments?      Yes      No

If yes, estimate the treatment schedule:

(3) Is there a medical necessity for the Covered Servicemember to have periodic care for these follow-up treatment appointments?      Yes      No

(4) Is there a medical necessity for the Covered Servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?      Yes      No

If yes, please estimate the frequency and duration of the periodic care:

**PART D: SIGNATURE**

**Signature of Health Care Provider:**

Printed name of provider:

Date:

# NOTICE

## Military Family Leave

*On January 28, President Bush signed into law the National Defense Authorization Act for FY 2008 (NDAA), Public Law 110-181. Section 585(a) of the NDAA amended the FMLA to provide eligible employees working for covered employers two important new leave rights related to military service:*

- (1) New Qualifying Reason for Leave.** Eligible employees are entitled to up to 12 weeks of leave because of “any qualifying exigency” arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. By the terms of the statute, this provision requires the Secretary of Labor to issue regulations defining “any qualifying exigency.” In the interim, employers are encouraged to provide this type of leave to qualifying employees.
- (2) New Leave Entitlement.** An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the servicemember. This provision became effective immediately upon enactment. This military caregiver leave is available during “a single 12-month period” during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

Additional information on the amendments and a version of Title I of the FMLA with the new statutory language incorporated are available on the FMLA amendments Web site at [http://www.dol.gov/esa/whd/fmla/NDAA\\_fmla.htm](http://www.dol.gov/esa/whd/fmla/NDAA_fmla.htm).

