

Instructions for Employee

Notify your manager of your need for absence in accordance with <<ACCOUNT NAME>>'s FMLA and/or leave of absence policies.

Ask your family member's health care provider to complete the Medical Certification and provide it (fax number is below) to AbsenceProSM within <<CertDue#Days>> days of the date this letter was sent.

FMLA or Leave of Absence Medical Certification

Family Member Name: <<FIRST_LAST_NAME>>

Patient Name: <<FM_Name>>

Leave Request #: <<LR_NUMBER>>

Family Member's Employer: <<ACCOUNT_NAME>>

Request for leave due to: <<LEAVE_REASON>>

Due Date: <<DATE>>

Family member's requested dates of leave (probable):

- Continuous leave date range request: <<START>> to <<END>>
- Intermittent leave date range request: <<START>> to <<END>>
- Reduced schedule leave date range request: <<START>> to <<END>>

STEP 1

(A) Describe Appropriate Medical Facts*: Provide a statement or description of appropriate medical facts regarding the patient's health condition for which FMLA leave is requested (i.e., your patient is in need of care by the family member). The medical facts must be sufficient to support the need for leave

**Such medical facts may include information on symptoms, diagnosis, hospitalization, doctor visits, whether medication has been prescribed, and any referrals for evaluation or treatment (physical therapy for example) or any other regimen of continuing treatment such as the use of specialized equipment (Not required in California).*

(B) Select Appropriate Description of Condition. At least one reason from Section 1 or Section 2 must apply to qualify as a serious health condition under the FMLA and/or state law. *At least one section, and all that apply, must be completed.*

STEP 2