

Family Member

FMLA/Extended Sick Leave Family Member's Serious Health Condition

Section I Employer Information:

Contact: Nikki DeShields

Phone: 803-321-2600 ext. 20115

Fax: 803-321-2608

e-mail: ndeshields@newberry.k12.sc.us

Section II For Completion by the Employee:

INSTRUCTIONS TO THE EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete and sufficient medical certification to support a request for FMLA leave for your own serious medical condition. Failure to provide a complete and sufficient medical certification may result in the denial of your FMLA request.

Your **PRINTED LEGAL** Name: _____
First Middle Last

Employee's Work Location _____

Name of Family Member whom you will provide care: _____

Relationship to Employee: _____

I would like to request FMLA leave for the following reasons: _____

I am requesting FMLA leave from _____ (date) to _____ (date).

Employee Signature Date

PLEASE SEE SECOND PAGE FOR PHYSICIAN INFORMATION.

Family Member

OUR EMPLOYEE NAME: _____

Section III For Completion by the HEALTH CARE PROVIDER(for a family member):

Your patient has requested FMLA leave. Please answer the following questions as specifically as you can based on your medical knowledge, experience and examination of the patient. PLEASE BE SURE TO SIGN THE FORM.

Provider's Name and Business Address: _____

Telephone: _____ Fax: _____

1. Serious Illness of the employee's family member: _____
2. Approximate Date Condition Commenced: _____
3. Probable Duration of Condition: _____
4. Is the Medical Condition Pregnancy? ___ NO ___ YES.

If so, expected delivery date: _____

AMOUNT OF LEAVE NEEDED TO CARE FOR FAMILY MEMBER:

Please estimate the beginning and ending dates necessary for the leave: _____

OTHER REMARKS (PHYSICIAN):

Signature of Health Care Provider

Date

Printed Name of Health Care Provider

HR USE ONLY

_____ Approved _____ Denied

Chief Human Resources Officer _____
Date