

Certification for Birth/Care of Newborn

Family and Medical Leave Act (FMLA)

SECTION I: Completion by the SUPERVISOR/RESPONSIBLE ADMINISTRATOR or EMPLOYEE

INSTRUCTIONS: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a birth submit a medical certification issued by the health care provider. Ensure that Sections I and II are completed before giving this form to the health care provider.

Employer name including department/unit:	
Supervisor/Responsible Administrator name:	
Employee's job title:	Employee's regular work schedule:

SECTION II: Completion by the EMPLOYEE

INSTRUCTIONS: Ensure Sections I and II are completed before giving this form to the health care provider. By signing this form, you represent that the information you provided is true and correct. Unless advised otherwise in writing, you have 15 calendar days to return this form to your supervisor/responsible administrator.

Employee Name:	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father
Date leave to begin:	Date leave to end:
Signature of employee:	Date signed:

SECTION II: Completion by the HEALTHCARE PROVIDER

INSTRUCTIONS: Please provide the following information and be sure to sign the form representing that the information provided is accurate.

Healthcare Provider's name and business address:	
Type of practice/medical specialty:	(Anticipated) date of birth:
Telephone (with area code):	Fax (with area code):
Signature of Authorized Healthcare Provider:	Date signed: