Documentation Required

You may be required to provide documentation in support of this application. Below are the types of documentation that are generally required. However, you are required to provide any additional records needed to support your application.

If you are requesting	You must provide
Medical leave for a personal health condition	Certificate of Health Care Provider for Employee's Serious Health Condition (DOL-WH-380-E)
Birth of your child	Medical certification of anticipated birth or birth certificate
Adoption of a child or other legal placement	Certified court order(s) of placement
Assumption of parental duties for a child	Official records of parental responsibilities (such as school parental designation)
Caring for a family member	Certificate of Health Care Provider for Family Member's Serious Health Condition (DOL-WH-380-F)
Exigency Military Leave	Certification of Qualifying Exigency for Military Family Leave (DOL-WH-384)
Military Caregiver Leave	Certification of Serious Injury or Illness of Current Service member – Military Family Leave (DOL-WH-385) – OR
	Certification of Serious Injury or Illness of a Veteran for Military Caregiver Leave (DOL-WH-385-V)

Employee Certification

I certify that the information provide in this document is true and accurate and that I am eligible for leave programs for which I have applied. In addition, I understand that the making of a false statement on this document is a violation of law and subject to criminal penalties.

Employee Signature

Date

Agency Acknowledgment

Your agency medical and family leave coordinator must sign below acknowledging your request for Family and Medical Leave. Their signature does not constitute an approval of this application.

Agency Signature

Date