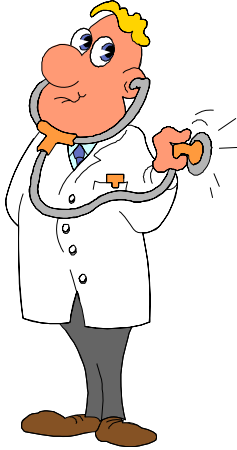


# NTEU CHAPTER 68

The National Treasury Employees Union

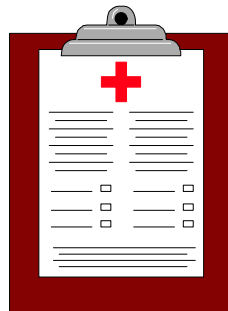


Is your doctor puzzled...

by complicated FMLA forms?

The Family and Medical Leave Act (FMLA) entitles employees 12 workweeks (or 480 hours) of unpaid leave (or paid leave) in any 12-month period for medical or family care reasons. Exhibit 34-1 of the Union contract describes eligibility rules and reasons for which FMLA leave must be approved, which includes when an employee has a serious health condition.

Employees with chronic or continuing serious health conditions may use the 480 hours on an intermittent, as-needed, basis. The Agency may require medical certification by the employee's health care provider before approving FMLA leave. If you qualify for FMLA leave and want to assist your health care provider to adequately fill out the FMLA certification form, NTEU Chapter 68 suggests using the letter on the reverse of this leaflet.





Dear Health Care Provider:

Your patient is a federal employee who may be entitled to leave under the Family Medical Leave Act (FMLA) for a serious health condition. Before approving FMLA leave, the agency may require the employee to bring in “medical certification” from a health care provider about his or her condition.

Your patient is requesting that you fill out the Certification of Health Care Provider form. All required information must be completed or the government will likely deny the FMLA request, which can result in your patient being charged AWOL (absence without leave) and being disciplined. This letter gives tips to assist you in filling out the form easily and expeditiously so your patient obtains approved leave.

Most of the questions on the Certification of Health Care Provider form are self-explanatory. In our experience, the government tends to scrutinize the form closely when the employee has a chronic or continuing health condition that causes him or her to miss work intermittently, especially when the absences are frequent.

FMLA regulations require the medical certification to state “the likely duration and frequency of episodes of incapacity.” This is covered by questions 5b and 5c on the Certification of Health Care Provider form. For question 5b, if the health condition will likely cause intermittent absences for the rest of the patient’s life, you may answer “yes” and “lifetime” or “chronic (or continuing) condition with an unknown duration” to the two parts of the question.

Question 5c is a key question. For 5c, please give your best estimate, based on your patient’s recent medical history or your knowledge of his or her condition, of how many times in a month or a quarter your patient will be unable to work and, for each occurrence, how many days the inability to work will last. You may even state that the estimate is based on the patient’s past medical history. We suggest that your estimate be your highest expectation, because the government will likely charge your patient AWOL for absences that exceed your estimate, even if he or she is legitimately unable to work due to the condition.

For FMLA purposes, the government often refuses to accept a statement that the duration and frequency of incapacity are “unknown.” Please answer question 6a in a similar manner.

Sincerely,

National Treasury Employees Union  
Chapter 68 (978-474-9499)