



Human Resource Services

Application for FMLA/CFRA

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: 7KH HPSOR\HH OLVWHG DERYH KDV
WKH)0/\$DW R R R S D W L H Q W \$ D Q Z H O H P S K O S O L F D E O H 6 S D Y H W D O E H O R Z W L
V H H N D U H V V R G E V I H H D T V G A Q R D W L R R Q G I P W Q R V O F W D O R V Z H U E V R R O H O V
H V W L P D W S Q E D V H G L F D O N Q R Z S H U G H Q P H L Q D W L R Q R H W D S H F S L D W L H Q W R X
F D Q W H B R D V ³ O L I H W L P H ³ X Q N Q P R Z Q R W F E U ³ V X Q I G I H V L H I Q P L Q D R W G H W H U
F R Y H U D J H R X / U P L W S R Q V H V W R W K H F R V G O M A L Q D Y I W U S F Z K L F K O W R K U P S D W L E
D E R X W J H Q H W L F W H V W V D V G H I L Q N G U L Y Q F H G H) L 5 Q H G L Q I & R U J H Q


