

Medical Documentation Reference Chart

Leave Type	Reason	Documentation Required
Sick leave.	Medical, dental, or optical examination, or treatment for employee or family member.	<p>Typically self-certification for absences of three days or less; otherwise:</p> <p>Evidence from an appropriate health care provider of a medical, dental, or optical examination, or treatment procedure. Documentation should include the date and time of the appointment or procedure and the length of incapacity for any recovery period, if one is needed.</p>
Sick leave.	Incapacity due to physical or mental illness, injury, pregnancy, or childbirth of employee or family member.	<p>Typically self-certification for absences of three days or less; otherwise:</p> <p>Evidence from an appropriate health care provider of employee's incapacity for duty (or the qualifying family member's incapacity for work, school or day care) due to one of the listed reasons for incapacity. Documentation should include the dates of incapacity.</p>
Sick leave.	Making arrangements for or attending the funeral of a family member.	<p>Typically self-certification for absences of three days or less; otherwise:</p> <p>Administratively acceptable evidence appropriate to the circumstances described by the employee; e.g., a death certificate or newspaper obituary listing employee as a surviving relative.</p>
Sick leave.	Exposure of employee to a communicable disease.	<p>Evidence from an appropriate health care provider or public health official indicating the employee's exposure to a disease for which a period of isolation or quarantine from others is required by public health officials, and the length of the quarantine period. The agency may also require a medical certification that the employee is no longer at risk of exposing coworkers to the communicable disease as a condition of his or her return to duty.</p> <p>Note: Self-certification is usually not appropriate.</p>
Sick leave.	Absence related to adoption.	<p>Typically self-certification for absences of three days or less; otherwise:</p> <p>Administratively acceptable evidence appropriate to the circumstances described by the employee; e.g., evidence of an appointment with adoption agency, social worker or attorney; a copy of a court order; or travel documents. Documentation should include the date and time of the appointment or proceeding and the actual or expected duration.</p>
Advance sick leave.	Serious disability or illness of employee or family member.	<p>Evidence from an appropriate health care provider of employee's incapacity for duty (or the family member's incapacity for work, school or day care) due to a serious disability or illness. Documentation should include the dates of incapacity and must give an expected date for recovery and return to duty such that it is clear that the employee will be capable of returning to duty long enough to repay the advance sick leave.</p>

		Note: An employee may carry up to 30 days advance sick leave for all authorized purposes at any one time, at the discretion of the agency.
Advance sick leave.	Absence related to adoption.	Administratively acceptable evidence appropriate to the circumstances described by the employee; e.g., evidence of an appointment with adoption agency, social worker or attorney; a copy of a court order; or travel documents. Documentation should include the date and time of the appointment or proceeding and the actual or expected duration of such. It must also be clear that the employee will be returning to duty long enough to repay the advance sick leave.
Participation in voluntary leave transfer program.	Medical emergency for employee or family member.	Evidence from an appropriate health care provider of employee's incapacity for duty (or the family member's incapacity for work, school or day care) due to one of the reasons for which sick leave may be used <u>and</u> the projected return to duty date extends at least three work days beyond the date on which the employee's available sick and annual leave are expected to run out. If the incapacity is intermittent or for a chronic condition, the documentation should also indicate the expected frequency and duration of each episode of incapacity.
Participation in leave bank program.	Medical emergency for employee or family member.	Evidence from an appropriate health care provider of employee's incapacity for duty (or the family member's incapacity for work, school or day care) due to one of the reasons for which sick leave may be used <u>and</u> the projected return to duty date extends at least three work days beyond the date on which the employee's available sick and annual leave are expected to run out. If the incapacity is intermittent or for a chronic condition, the documentation should also indicate the expected frequency and duration of each episode of incapacity. Note: Employee must be a member of the agency's leave bank program in order to participate.
Family medical leave.	Absence related to the birth of child.	No documentation is required.
Family medical leave.	Absence related to adoption of a child.	No documentation is required.
Family medical leave.	Absence related to a serious health condition of the employee.	Evidence from an appropriate health care provider indicating that the employee is incapacitated by a serious health condition. The documentation must specifically indicate: <ul style="list-style-type: none"> • The date the serious health condition commenced. • The probable duration of the serious health condition, or specify that the serious health condition is a chronic or continuing condition with an unknown duration and whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity.

		<ul style="list-style-type: none"> • The appropriate medical facts within the knowledge of the health care provider regarding the serious health condition, including a general statement as to the incapacitation, examination or treatment that may be required by the health care provider. <p>Additionally, to support the use of FMLA leave on an intermittent basis, the documentation must also show:</p> <ul style="list-style-type: none"> • If the intermittent use is for planned medical treatments: the actual or estimated dates on which the treatments are expected to be given, the duration of the treatments, and the period of recovery, if any, for those treatments. • If the intermittent use is for a chronic or continuing condition with an unknown duration: a statement of whether the employee is presently incapacitated and the likely duration and frequency of episodes of incapacity. <p>Note: The Department of Labor has developed a form, WH-380, Certification of Health Care Provider, which employees may have their health care providers complete to provide this information.</p>
<p>Family medical leave.</p>	<p>Absence related to a serious health condition of a qualifying family member.</p>	<p>Evidence from an appropriate health care provider indicating that the qualifying family member is incapacitated by a serious health condition. The documentation must specifically indicate:</p> <ul style="list-style-type: none"> • The date the serious health condition commenced; • The probable duration of the serious health condition, or specify that the serious health condition is a chronic or continuing condition with an unknown duration whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity; • The appropriate medical facts within the knowledge of the health care provider regarding the serious health condition, including a general statement as to the incapacitation, examination or treatment that may be required by the health care provider; and • A statement from the health care provider indicating that the family member requires the employee's psychological comfort or physical care; needs assistance for basic medical, hygienic, nutritional, safety, or transportation needs, or in making arrangements to meet such needs; and would benefit from the employee's care or presence. <p>Additionally, the employee must certify to the type of</p>

care he or she will provide to the family member and make an estimate of the amount of time needed to provide that care.

To support the use of FMLA leave for family care on an intermittent basis, the documentation must also show:

- If the intermittent use is for planned medical treatments: the actual or estimated dates on which the treatments are expected to be given, the duration of the treatments, and the period of recovery, if any, for those treatments; or
- If the intermittent use is for a chronic or continuing condition with an unknown duration: a statement whether the qualifying family member is presently incapacitated and the likely duration and frequency of episodes of incapacity.

Note: The Department of Labor has developed a form, WH-380, Certification of Health Care Provider, which employees may have their health care providers complete to provide this information.

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