

LSUE | OFFICE OF
HUMAN RESOURCE MANAGEMENT
FAMILY & MEDICAL LEAVE ACT OF 1993
CERTIFICATION OF PHYSICIAN OR PRACTITIONER

**SECTION I
TO BE COMPLETED BY EMPLOYEE**

Employee Name: _____ Cell Phone Number: _____

Employee Physical Address: _____ LSU ID: _____

Is your position currently grant funded? YES NO

Are you currently a tenure-track faculty member? YES NO

❖ If tenured, select NO

Supervisor Name: _____

SECTION I (A)

Patient Details *[if different from employee]*

Patient's Name: _____ Patient's Relationship to Employee: _____

If child, provide age: _____

When family leave is needed to care for a seriously ill family member, the employee shall state the care they will provide & an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or a reduced leave schedule.

Employee Signature: _____

Date: _____

**SECTION II
TO BE COMPLETED BY PHYSICIAN OR PRACTITIONER**

Diagnosis/ reason for request: _____

Date condition commenced: _____

Probable duration of condition: _____

Continuous Absence

Intermittent Absence

Regimen of treatment to be prescribed.

- ❖ Indicate number of visits, general nature & duration of treatment, including referral to other provider(s) of health services. Include schedule of visits or treatment if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or hours per week.

LSUE | OFFICE OF
HUMAN RESOURCE MANAGEMENT
FAMILY & MEDICAL LEAVE ACT OF 1993
CERTIFICATION OF PHYSICIAN OR PRACTITIONER

By Physician or Practitioner:

By other provider of health services, if referred by a Physician or Practitioner:

SECTION II (A)

If this certification relates to care for the employee's seriously ill family member, skip Section II (A) and proceed to Section II (B).

Select YES or NO in the boxes below, as appropriate.

YES **NO**

Is inpatient hospitalization of the employee required?

Is employee able to perform work of any kind?

Is employee able to perform the functions of the employee's position? *[Answer after reviewing statement from employer of essential functions of employee's position, or, if none are provided, after discussing with employee]*

SECTION II (B)

For certification relating to care for the employee's seriously ill family member.

YES **NO**

Is inpatient hospitalization of the family member (patient) required?

Does, or will, the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation?

SECTION II (C)

Name of Physician or Practitioner: _____

Date: _____

Address: _____

Phone Number: _____

Type of Practice/ Field of Specialization: _____

Physician or Practitioner Signature: _____

Mail or Fax to:

Louisiana State University Eunice
Office of Human Resource Management
P.O. Box 1129 Eunice, LA 70535
Fax: 337.550.1450

Genetic Information Nondiscrimination Act of 2008

The law forbids discrimination on the basis of genetic information when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, fringe benefits, or any other term or condition of employment. An employer may never use genetic information to make an employment decision because genetic information is not relevant to an individual's current ability to work.