



For Completion by Employee: This form must be completed in its entirety by your healthcare provider and returned to HR within 15 calendar days. Failure to provide a complete and sufficient medical certification may result in the delay or denial of your FMLA request.

1. UT Austin Employee's Name: 2. Employee's EID: 3. Date:

For Completion by the Health Care Provider: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

4. Covered Condition(s) - Describe medical facts related to the condition(s) that require the patient listed in Box 1 to be off work continuously, intermittently, or to work a reduced schedule (such facts may include symptoms, diagnosis, or any regimen of continuing treatment):

5. Estimated Duration of Condition(s): 6. Approximate date patient's condition started or will start: 7. Date employee's leave should begin:

8. Eligibility for Leave - Please check each statement that applies to the patient listed in Box 1. Incapacity Plus Treatment, Inpatient Care, Chronic Conditions, Permanent or Long Term Conditions, Conditions Requiring Multiple Treatments, Pregnancy, None of the above.

9. Need for Leave or Work Schedule Adjustments - Please provide your best estimate when answering the questions for each specific scenario. Continuous Leave, Intermittent Leave, Reduced Work Schedule.

10. Return to Work - If you have indicated a need for intermittent leave or a reduced work schedule in Box 9, please list any return to work restrictions that will prevent the employee from performing the essential functions of their position.

X Healthcare Provider Signature

Healthcare Provider Printed Name

SUBMIT FORM TO: HR - Benefits & Leave Secure eFax: (512) 471-7008

NEED HELP? HR - Benefits & Leave Phone: (512) 475-8099 HRS-LM@austin.utexas.edu

Date

Type of Practice / Medical Specialty