

Appendix D: Example Request for Documentation under FMLA

MEMORANDUM FOR [Employee]

SUBJECT: Request for Medical Documentation—Family Medical Leave Act

1. Reference Title 5, Code of Federal Regulations (C.F.R.), Part 630, Family and Medical Leave.
2. The Army supports the granting of Family and Medical Leave Act (FMLA) requests. Unfortunately, your request of (date) fails to comply with the documentation requirements of the FMLA in that it does not provide sufficient information upon which the Army may base its decision to grant your request.
3. Under 5 C.F.R. 630.1208(a), an agency may require that a request for leave under the FMLA be supported by written medical certification issued by the health care provider. 5 C.F.R. 630.1208(b) lays out the required contents of that medical certification, which can be found at <https://www.govinfo.gov/content/pkg/CFR-2002-title5-vol1/xml/CFR-2002-title5-vol1-sec630-1208.xml>. I have enclosed Form WH-380e so that you and your health care provider may more easily conform with the requirements of the FMLA. You may also find a copy at <http://www.dol.gov/whd/forms/wh-380-e.pdf>. A copy of your position description is enclosed for your health care provider to review and to assist your provider to determine how your medical condition will affect your ability to perform all aspects of your job.
4. Finally, in accordance with 5 C.F.R. 630.1208(h), I request such medical certification, signed by the health care provider, be provided no later than fifteen calendar days after the date of this request for medical certification. I am granting you provisional leave pending receipt of adequate documentation by this deadline. Failure to supply acceptable medical certification, without providing an acceptable reason for why you cannot comply and requesting an approved extension, may result in disapproval of this leave.
5. Any information received from you will be evaluated in coordination with medical personnel of the Occupational Health Department of XXXXX Army Medical Hospital, [Fort Swampy]. Access to any information provided by you and your physician(s) will be restricted to those with a need for access, and all due care will be taken to preserve your privacy.

6. If you would like to discuss this matter, you can reach me at (XXX) XXX-XXXX and [email].

Respectfully,

2 Encls

1. Form WH-380e

2. Position Description

[Supervisor's Signature Block]

Receipt Acknowledged:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date