

Changes to form WH-380-F, Certification for Family Member's Serious Health Condition

General

1. Added color to WHD logo and section headers
2. Added opening information with references to the statute, regulations, and WHD FMLA website
3. Reorganized order of information requested and instructions provided
4. Added line for employee's name to every page
5. Changed questions to statements to be confirmed by checking a box
6. Aligned text and checkboxes
7. Shortened section titles
8. Added date formatting prompts
9. Renumbered items
10. Bolded selected text for emphasis
11. Removed excess blank lines
12. Added chart explaining the FMLA definition of a serious health condition
13. Rephrasing for plain language, and changes to language to be consistent form to form

Section I - Employer

12. Added instruction that either the employer or employee may complete the section
13. Added instruction that certification requests to bond with a child are not permissible
14. Added entry for the employee's name
15. Removed "contact" from employer name line
16. Added date line and return by date
17. Added at least 15 calendar days instruction to due date request

Section II – Employee

18. Added checkbox options for family member relationship
19. Added option to indicate child over age 18
20. Removed request for date of birth of child
21. Added definition of spouse and explanation of *in loco parentis*
22. Split question about care to be provided and amount of leave needed
23. Added check box options for the care the employee will provide to the family member
24. Added option for reduced work schedule information

Section III – Health Care Provider

25. Added definitions of serious health condition and incapacity to the instructions
26. Added to instructions that some state or local laws may not allow disclosure of the patient's private medical information
27. Added instruction to print the health care provider's name
28. Added entry for e-mail contact information

Changes to form WH-380-F, Certification for Family Member's Serious Health Condition

Section III, Part A: Medical Information

- 29. Added checkbox options for medical conditions
- 30. Added examples to the medical conditions
- 31. Added checkbox option for "None of the above"
- 32. Deleted questions about treatment and periods of incapacity duplicated in Part B

Section III, Part B: Amount of Leave Needed

- 33. Added check boxes
- 34. Added examples
- 35. Changed format, if treatment needed
- 36. Changed format, if reduced leave schedule needed
- 37. Changed format, if intermittent leave needed
- 38. Deleted duplicated questions about the medical necessity of care