



**Certification of Health Care Provider  
For Birth, Adoption, or Foster Placement of Employee's Child**

(Family and Medical Leave Act of 1993 and all related state leave laws)

**Note: Here and elsewhere on this form, the information sought relates only to the condition for which the employee is seeking leave.**

<b>This section to be completed by the Chevron Employee:</b>	
Employee Name:	Employer Name: <b>Chevron</b>
Leave is requested for the following dates:	
<b>Leave is requested for:</b> <input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption of Child <input type="checkbox"/> Foster placement of Child	
<i>By signing below, I certify that the above information is true and correct and authorize a health care provider representing my employer to contact my health care provider to verify, clarify, or authenticate the reason for my requested family or medical leave. I authorize the release of medical information for this purpose. Furthermore, I understand that the failure to promptly return to work at the end of my leave may be treated as a resignation unless an extension has been approved in writing by my employer.</i>	
Employee's Signature:	Date:

<b>This section to be completed by the Health Care Provider (for Pregnant Chevron Employee or Spouse/Partner Thereof):</b>		
State the anticipated date of birth:		
When the employee is released to return to work, please provide Reed Group, at the address below, a written statement of the effective date of return to work and any applicable medical restrictions and duration thereof, with a copy to the employee.		
Signature of Health Care Provider (sign and print name):		Date:
Type of Practice:	Practice Address:	Phone Number (with area code):

<b>This section to be completed by the Adoption or Foster Placement Administrator:</b>		
Is the employee's absence due to his/her:		
<input type="checkbox"/> Adoption of Child. State date of adoption: _____ <input type="checkbox"/> Foster care placement. State date child received for foster care services: _____		
Signature of Adoption/Foster Care Program Administrator (sign and print name):		Date:
Organization Name:	Address:	Phone Number (with area code):



## Appendix C to Part 825 – Notice to Employees Of Rights Under FMLA (WH Publication 1420)

### EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

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#### Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

#### Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

#### Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

#### Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

#### Definition of a Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

#### Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

#### Substitution of Paid Leave for Unpaid Leave

Employees may choose or employer's may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave employees must comply with the employer's normal paid leave policies.



### **Employee Responsibilities**

Employee's must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against the employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. §2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R §825.300(a) may require additional disclosures.**

#### **For additional information:**

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

[www.wagehour.dol.gov](http://www.wagehour.dol.gov)

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division