



Certification for serious Injury or Illness of Covered Servicemember for Military Caregiver Leave

(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.

This section to be completed by the Chevron Employee:	
Employee Name:	Employer Name: Chevron
Supervisor Name:	Supervisor Phone Number:
Name of Servicemember:	
Servicemember's relationship to employee: <input type="checkbox"/> Spouse ¹ <input type="checkbox"/> Parent ² <input type="checkbox"/> Son/ Daughter ³ <input type="checkbox"/> Next of kin ⁴ If next of kin ⁴ , please describe relationship: _____	
What is your current weekly work schedule ?	
Please specify the period of time you are requiring leave. From: _____ Through: _____ Anticipated Return to Work Date: _____	
Will intermittent or reduced schedule (part-time) leave be required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate ONE of the following: <input type="checkbox"/> _____ hours/day <input type="checkbox"/> _____ days/week <input type="checkbox"/> _____ hours/week <input type="checkbox"/> _____ weeks/month	
1. Is the Servicemember a current member of the Regular Armed Forces, the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the servicemember's military branch, rank and unit: _____	
2. Is the Servicemember on the Temporary Disability Retired List (TDRL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If leave is requested for a "covered servicemember" who has incurred an injury or illness in the line of duty, please state the care you expect to provide and an estimate of the period during which care will be provided.	
<i>By signing below, I certify that the above information is true and correct and authorize my employer to verify, clarify, or authenticate the reason for my requested Military Caregiver Leave. 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:

¹ Spouse means a husband or wife as defined or recognized under State law for purposes of marriage in the State where the employee resides, including common law marriage in States where it is recognized. Common Law Spouses are qualified in AL, CO, GA before 1/1/97, ID before 1/1/96, IA, KS, MT, OH, OK, PA, RI, SC, TX, UT and DC. Affidavit required.

² Parent means a biological parent or an individual who stands or stood in loco parentis to an employee when the employee was a son or daughter as defined in (c) below. This term does not include parents "in law".

³ Son or daughter means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis.

⁴ "Next of kin" means the nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA.



This section to be completed by a Health Care Provider ¹ for Military Caregiver Leave :		
Patient/Servicemember Name:		Chevron Employee Name:
Relation to Chevron Employee:		Employer Name: Chevron
<p>1. Was the Servicemember's injury or illness incurred by the member in the line of duty while on active duty in the Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Approximate date condition commenced: _____</p> <p>3. Probable duration of condition and/or need for care: _____</p>		
<p>Medical Status of the Servicemember:</p> <p>Covered Servicemember's medical condition is classified as (Check one of the appropriate boxes):</p> <p><input type="checkbox"/> (VSI) Very Seriously Ill/ Injured – Illness/injury of such severity that life is imminently endangered. Family members are requested at bedside immediately.</p> <p><input type="checkbox"/> (SI) Seriously Ill/ Injured – Illness/injury of such severity that there is a cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside.</p> <p><input type="checkbox"/> OTHER Ill/ Injured – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office grade, rank, or rating.</p> <p><input type="checkbox"/> NONE OF THE ABOVE (If this box is checked, you may still be eligible to take leave to care for a covered family member with a serious health condition under the FMLA)</p>		
<p>Please provide the medical facts that support the covered Servicemember's condition is a "serious injury or illness." That may render the servicemember medically unfit to perform the duties of the servicemember's office, grade, rank or rating:</p>		
<p>Is the covered Servicemember undergoing medical treatment, recuperation, or therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <p>If yes, please describe medical treatment, recuperation, or therapy: _____</p>		
<p>1. Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide an estimate as to the beginning and ending dates for this period of time: _____</p> <p>2. Is there a medical necessity for the covered servicemember to have periodic care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide an estimate of the treatment schedule of such appointments: _____</p> <p>3. Is there a medical necessity for the covered servicemember to have such periodic care other than those mentioned above to treat episodic flare-ups of a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide an estimate the frequency and duration of the periodic care: _____</p>		
Signature of Health Care Provider (please print and sign):		Date:
<p>Type of Health Care Provider:</p> <p><input type="checkbox"/> A DOD health care provider;</p> <p><input type="checkbox"/> A VA health care provider;</p> <p><input type="checkbox"/> A DOD TRICARE network authorized private health care provider; or</p> <p><input type="checkbox"/> A DOD non-network TRICARE authorized private health care provider. _____</p>		
Type of Practice:	Practice Address:	Phone Number (with area code):

¹ For purposes of Military Family Leave, a Health Care Provider means: (1) A DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider.



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

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

Employee's 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. Employee's 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

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