
**CERTIFICATION BY HEALTH CARE PROVIDER FORM (FORM WH-380)
FAMILY AND MEDICAL LEAVE**

NOTE - TO HEALTH CARE PROVIDER: Your patient, a Bowling Green State University employee, has applied for Family and Medical Leave because of a personal serious health condition. In order to be approved for such leave, the employee must submit supporting documentation from his/her health care provider. Attached is a brief form that we ask you to complete and return either to your patient at this visit or no later than 15 days from this visit to the Office of Human Resources at the address listed below.

NOTE - TO BGSU EMPLOYEE: ALL requestors must have the following sections completed on the Certification By Health Care Provider Form (Form WH-380):

- Section 1 – Employee's Name
 - Section 2 – Patient's Name
 - Section 3 – "Serious Health Condition"
 - Section 4 – Medical Facts
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PLEASE READ CAREFULLY! For sections 5 through 8 requestors must have the **Health Care Provider fully complete** the sections that apply to the requestor's situation. Refer to the list below and mark (X) the situation that applies to you and return with the Certification By Health Care Provider Form (Form WH-380) to Human Resources. If questions, please call (419) 372-8422.

_____ **EMPLOYEE**

- _____ Section 1 THROUGH 4
- _____ Section 5A, 5B and 5C
- _____ Section 6A, 6B and 6C
- _____ Section 7A, 7B and 7C
- _____ Health Care Provider Signature

_____ **FAMILY MEMBER - Including Military Servicemember**

- _____ Section 1 THROUGH 4
- _____ Section 5A and 5C
- _____ Section 6A, 6B and 6C
- _____ Section 8A, 8B and 8C
- _____ Health Care Provider Signature
- _____ Completed Statement with type of care to be provided & duration

_____ **PREGNANCY COMPLICATIONS**

- _____ Section 1 THROUGH 4
- _____ Section 5C
- _____ Health Care Provider Signature

_____ **BIRTH/ADOPTION**

- _____ Section 1 THROUGH 4
 - _____ Section 5C
 - _____ Health Care Provider Signature
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EMPLOYEE INFORMATION: (Return completed form with FORM WH-380 to Office of Human Resources.)

Last Name

First Name

Middle
Initial

BGSU ID#

Employee Signature

Date