



Information regarding the Family Medical Leave Act, forms and guidelines are available online at:  
<https://www.ohio.edu/hr/benefits/leaves-of-absence/fmla>

- [OU FMLA #.01](#)** Employee Request for FMLA: Employee completes and submits to department when requesting Family Medical Leave.
- [OU FMLA #.02](#)** Department or supervisor to provide this informational form to the employee or should direct employee to location of form when employee is requesting Family Medical Leave.
- [OU FMLA #.03A](#)** Department or supervisor completes and provides to employee within five business days of request or knowledge of leave need. This form is the eligibility notification to the employee under the Family Medical Leave Act.
- [OU FMLA #.03B](#)** Department or supervisor completes and provides to employee within five business days of obtaining information to determine whether the requested leave is Family Medical Leave-qualifying, as specified in form OU FMLA#.03A. This form is the designation notification to the employee under the Family Medical Leave Act.
- [OU FMLA #.04](#)** Health Care Provider Certification for employee's own serious illness: Employee provides form to the Physician or Health Care Provider to be completed by the Physician or Health Care Provider for the employee's own serious illness. Form to be submitted to department within 15 days of request.
- [OU FMLA #.05](#)** Health Care Provider Certification for serious illness of family member: Employee provides form to the Physician or Health Care Provider to be completed by the Physician or Health Care Provider for the illness of a family member or if taking caregiver leave for an injured or ill Covered Service Member (see link for definition of Covered Service Member at <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>, Form to be submitted to department within 15 days of request.
- [OU FMLA #.06](#)** Adoption or Foster Care Certification: Employee completes top portion of certification form of bonding leave due to adoption or foster care, Professional Provider completes bottom portion of certification form. Form to be submitted to department.