

## INSTRUCTIONS FOR COMPLETING FMLA FORM 1

The employee should complete their portion of the form first, then give to the health care provider to complete. The health care provider then submits the form to HRM; they will not give the form back to the employee.

### Section I – To be completed by the employee

- a. For Employee Address, make sure to put home address (not office address).
- b. Patient’s Name – only fill in if FMLA is being used to care for someone other than the employee.
- c. Patient’s relationship to the employee – only fill in if FMLA is being used for someone other than the employee. If it is for a child, include the child’s age. Reminder that FMLA leave can’t be approved to care for a child over the age of 18, only approved annual leave can be used.



All employees **must sign and date where noted in section 1**, regardless if the FMLA leave is for the employee or to care for a family member.

### Section II – To be completed by the health care provider

- a. The health care provider will fill in the diagnosis, the date, the probable duration (continuous or intermittent).

### Section III - To be completed by the health care provider

- a. This section should be used for both continuous and intermittent FMLA.
- b. Ask the health care provider(s) to be very specific as far as what the employee needs from the doctor.
- c. If another health care provider is also treating the employee for the same condition it should be included as well. This is only if it is for the same condition.

### Section IV - To be completed by the health care provider

- a. This section should be completed if the FMLA leave is for the employee themselves.

### Section V - To be completed by the health care provider

- a. This section should be completed if the FMLA leave is to care for a seriously ill family member.

### Section VI - To be completed by the employee

- a. This section should only be completed if the employee is taking FMLA to care of family member.

### Section VII - To be completed by the health care provider

- a. This section requires the health care provider’s signature.

Any questions regarding the completion of the FMLA form 1 can be directed to the Office of Human Resource Management at [hr@lsu.edu](mailto:hr@lsu.edu) or 225-578-8200.