

EMPLOYEE'S STATEMENT REGARDING SERIOUSLY ILL FAMILY MEMBER

(To be completed and signed by employee requesting Family Leave to care for a seriously ill family member. Please provide this information to the healthcare provider.)

When family care leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced work schedule.

Signature of Employee

Date