

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 the bottom of 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 or 225-578-8200.