

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY-ILL FAMILY MEMBER, COMPLETE ITEMS 12 THRU 15 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEM 16 ON REVERSE SIDE.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | After review of the employee's signed statement (see item 13 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |

15. Estimate the period of time care is needed or the employee's presence would be beneficial:

ITEM 16 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE

16. When Family 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 leave schedule: