

LEAVE OF ABSENCE REQUEST – MEDICAL CERTIFICATION INSTRUCTIONS

Medical Certification Instructions

If your leave is due to a serious medical condition, you will need to submit a completed healthcare provider certification form. The process and required forms depend on whether the healthcare provider is affiliated with Kaiser or another provider, and whether the certification is for your own health condition or a family member's.

Instructions for Kaiser Providers

Online:

1. Visit www.kp.org/requestrecords.
2. Scroll down to "Work leave and accommodations".
3. Open the "Medical certification forms (FMLA, OFLA, PLO, PFML)" drop-down tab.
4. Follow the instructions under "Request FMLA Medical Certification."
5. Ensure the completed form is returned to Human Resources.

For additional details, refer to the instructions provided on Kaiser's website.

Phone:

1. Call **503-571-5051** and use the special request line option.
2. Voicemail support and a callback option are available to minimize hold times.

Instructions for Non-Kaiser Providers

If the healthcare provider is not affiliated with Kaiser, please use the appropriate federal FMLA healthcare provider certification form:

1. For Your Own Serious Health Condition

Download and provide your healthcare provider with the following form:

[Certification of Health Care Provider for Employee's Serious Health Condition \(WH-380-E\)](#)

2. For a Family Member's Serious Health Condition

Download and provide your healthcare provider with the following form:

[Certification of Health Care Provider for Family Member's Serious Health Condition \(WH-380-F\)](#)

Submission Requirements

The completed certification form must be submitted to Human Resources within 15 days of receiving it. Please submit the form via - Email: hr@lclark.edu; Fax: 503-768-6233; or Mail: Human Resources, Box 72, Lewis & Clark College