



UNIVERSITY SYSTEM OF MARYLAND

# Form 3C – Certification for Military Caregiver Leave

(FMLA – Covered Service Member)

**Confidential Medical Record – Maintain Separately from Personnel File**

**Return completed form to the employee.** Do not send to the U.S. Department of Labor.

This certification is used to evaluate whether leave qualifies under the federal Family and Medical Leave Act (FMLA) for Military Caregiver Leave involving a Covered Servicemember. Military caregiver leave is administered under federal FMLA provisions and may not qualify for Maryland Paid Family and Medical Leave (PFML).

Approval and designation of leave are determined separately by the employer. Military caregiver leave under the FMLA uses a separate federal leave entitlement calculation that differs from the PFML Application Year.

## Section I – Employer

Either the employee or the employer may complete this section.

The Family and Medical Leave Act (FMLA) allows an eligible employee to take up to twenty-six (26) workweeks of leave in a single 12-month period to care for a Covered Servicemember with a serious injury or illness. See 29 U.S.C. § 2612(a)(3); 29 C.F.R. § 825.310.

The employer must generally allow at least fifteen (15) calendar days for return of this certification unless not practicable despite diligent good faith efforts.

Employers must maintain medical certifications as confidential medical records.

Employee Name: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

*(Part of the University System of Maryland)*

Employee's Regular Work Schedule: \_\_\_\_\_



Date Certification Requested:

\_\_\_\_\_

Certification Due Date:

\_\_\_\_\_

*(at least 15 calendar days)*

**Covered Servicemember's Name:** \_\_\_\_\_

Relationship to Employee:

- Spouse
- Parent
- Child
- Next of Kin

If next of kin, describe relationship: \_\_\_\_\_

### **Human Resources Use Only**

Date Request Received: \_\_\_\_\_

Complete Request Received

Incomplete Request Received

If incomplete, employee notified on: \_\_\_\_\_

Additional information due by: \_\_\_\_\_

### **FMLA Eligibility Status**

Eligible

Not Eligible

### **PFML Eligibility Status**

Potentially Eligible

Not Eligible

### **Leave Designation Pending:**

Yes

No

HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Documentation Provided

- Active Duty Orders
- Invitational Travel Orders (ITO/ITA)
- VA Documentation
- DOD/TRICARE Documentation
- Other Military Documentation: \_\_\_\_\_

## Section II – Health Care Provider / Authorized Medical Provider

Please complete all relevant parts and sign.

For purposes of military caregiver leave, a “serious injury or illness” means:

- In the case of a current member of the Armed Forces, an injury or illness incurred in the line of duty that may render the servicemember medically unfit to perform the duties of their office, grade, rank, or rating; or
- In the case of a covered veteran, a qualifying injury or illness as defined under 29 C.F.R. § 825.127.

Health Care Provider Name (Print): \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Practice / Medical Specialty: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Are you:

- A Department of Defense health care provider
- A Veterans Affairs health care provider
- A DOD TRICARE network provider
- A DOD non-network TRICARE provider
- Other health care provider (as defined by FMLA)

**Part A: Medical Status of Covered Servicemember**

1. Is the servicemember:  
 A current member of the Armed Forces  
 A covered veteran as defined under applicable FMLA regulations
2. Approximate date the serious injury or illness commenced: \_\_\_\_\_
3. Is the condition related to military service?  
 Yes  
 No
4. Was the injury or illness incurred in the line of duty?  
 Yes  
 No
5. Probable duration of condition: \_\_\_\_\_
6. Briefly describe the serious injury or illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part B: Need for Care**

Is it medically necessary for the employee to provide care for the Covered Servicemember?

- Yes  
 No

If yes, describe the care needed (*e.g., assistance with daily living, medical transport, psychological support*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate the period during which care will be required:

From \_\_\_\_\_ To \_\_\_\_\_

**Part C: Amount of Leave Needed**

## Continuous Leave

Is continuous leave medically necessary?  Yes  No

If yes, estimate: From \_\_\_\_\_ To \_\_\_\_\_

## Reduced Schedule Leave

Is a reduced schedule medically necessary?  Yes  No

If yes, estimate: From \_\_\_\_\_ To \_\_\_\_\_

Employee can work (*fill in reduced schedule*): \_\_\_\_\_

## Intermittent Leave

Is intermittent leave medically necessary?  Yes  No

Over the next six (6) months, episodes are estimated to occur:

\_\_\_\_\_ times per  day  week  month

Each episode likely to last approximately:

\_\_\_\_\_  hours  days

*(Note: Military caregiver leave is evaluated under federal FMLA standards. If PFML applies, intermittent leave must be taken in increments of at least four (4) hours.)*

**Part D: Authentication and Clarification**

Consistent with applicable law, the University System of Maryland may contact the health care provider for purposes of clarification or authentication of this certification. Requests for clarification or authentication will not be made by the employee's direct supervisor.

## Health Care Provider Certification

I certify that the information provided is true and complete to the best of my knowledge.

Printed Name: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ State of Licensure: \_\_\_\_\_

## Important Notice Regarding Entitlement

Military caregiver leave allows an eligible employee to take up to twenty-six (26) workweeks of FMLA leave during a single 12-month period measured forward from the first day military caregiver leave is used.

This military caregiver leave entitlement is separate from the standard 12-week FMLA entitlement used for other qualifying reasons and differs from the PFML Application Year methodology used under Maryland PFML.

All medical documentation received in connection with this request shall be maintained as confidential medical records separate from personnel records consistent with applicable law and policy.