

**INSTRUCTIONS
FAMILY AND MEDICAL LEAVE (FMLA) DOCUMENTS**

□ **CERTIFICATION OF HEALTH CARE PROVIDER FORM**

This form is required ONLY for leave due to serious health condition of a member of your immediate family

- Physician must complete sections 1 through 5 of the Certification of Health Care Provider Form.
- **This completed form must be received within 15 days of your notification date or your FMLA coverage will be denied.**

Submit this form to:

Local Integrated Occupational Health Services (IOHS) clinic; or

HR Connections – Absence Management
411 S. Keeler
4th Floor Adams Building
Bartlesville, OK 74003

Fax: 918-662-5130