



**Section V**

**For certification relating to care for the employee's seriously-ill family member, complete items in Section V as they apply to the family member then proceed to Section VI.**

Check Yes or No in the boxes below, as appropriate.

Yes    No

Is inpatient hospitalization of the family member (patient) required?

Does, or will, the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?

After review of the employee's signed statement *[at the end of this section]*, is the employee's presence necessary or would it be beneficial for the care of the patient? *[This may include psychological comfort.]*

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

**Section VI**

**This question is to be completed by the employee needing family leave.**

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 a reduced leave schedule. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section VII**

Name of Physician or Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Type of Practice *[field of specialization]*: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

**Mail or fax to:**

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