

INSURANCE HEALTH INSURANCE

How to Fill Out FMLA Forms: A Step-by-Step Guide

By LORRAINE ROBERTE Updated March 31, 2025

The [Family and Medical Leave Act \(FMLA\)](#) is a federal law providing eligible employees up to 12 weeks of unpaid, job-protected leave per year. The law allows employees to take time off for qualified family and medical reasons and still keep their jobs and [health benefits](#).

The Department of Labor (DOL) has optional certification forms, but your employer may have its own paperwork for certification or to document your leave. Some forms only need to be filled out by your employer or healthcare provider, but others ask you to provide basic details about your situation.

KEY TAKEAWAYS

- FMLA gives eligible employees up to 12 weeks of unpaid, job-protected leave for bonding time after birth or adoption, serious health conditions, caregiving responsibilities, or military-related family needs.
- Employers may require certification to verify the need for leave but can't demand a medical diagnosis or extra details beyond what FMLA requires.
- Mistakes in FMLA paperwork, such as unprovided details or vague medical certifications, can lead to denials.
- You can correct and resubmit forms or challenge a denial if necessary.

Understanding FMLA Eligibility

The four main FMLA eligibility criteria relate to your employment history and your employer's company characteristics. According to the Department of Labor, you'll need to meet these requirements:

1. **Work for a covered employer:** Private employers must have had 50 or more employees in the 20 or more workweeks in the current or previous calendar year.
2. **Have worked for that employer for at least 12 months before your FMLA leave starts:** The 12 months don't have to be consecutive; any combination of 52 weeks total is acceptable.
3. **Have 1,250 hours of service for the employer in the 12 months immediately before your FMLA leave starts** (about 24 hours per week for 12 months): PTO doesn't count toward your hours of service.
4. **Work for an employer that employs at least 50 people within 75 miles of that worksite as of the date you give notice about your need for FMLA leave:** If you work from home, your worksite is where you report to or receive assignments from. If you have no fixed worksite (like construction workers), then it could also be the location assigned as your home base.

Types of FMLA Leave

Parental, medical, caregiver, and military family leave are the four types of FMLA leave. Below is a closer look at each type of leave.

Note

You must generally give your employer at least 30 days' notice, except in cases of emergency.

Parental Leave

You can apply for parental leave within one year of your child's birth. This covers the birth itself and bonding with your baby. You also have one year to apply to take parental leave to bond with a child placed with you for adoption or foster care.

Medical Leave for Personal Health

Medical leave for personal health reasons is reserved for serious health conditions that temporarily prevent you from performing your job or regular daily activities, whether because of the condition or its treatment.

These are illnesses, injuries, impairments, or mental or physical conditions requiring overnight hospital stays or continuing treatments. Examples include pregnancy-related issues, chronic conditions like diabetes and asthma, or permanent conditions like terminal cancer.

Your employer may ask for medical certification, which is a verification from your doctor that you have a serious health condition.

IMPORTANT

Elective surgeries with overnight hospital stays are classified as a serious health condition.

Caregiver Leave

Caregiver leave is FLMA leave taken to care for an [immediate family](#) member's health condition. It generally applies only to your spouse, children, and parents but also includes children you financially support or provide day-to-day care for.

You'll have to meet additional criteria if your child is 18 or older. For instance, they may need to have a serious health condition and be unable to care for themselves because of the condition.

Military Family Leave

Military family leave is another type of caregiver leave, except it's to provide care for a serious condition arising from the family member's military service. The family under this leave is defined as your spouse, child, parent, or next of kin. You can take up to 26 workweeks of leave instead of the usual 12.

Qualifying exigencies also let you take time off to handle urgent or personal family matters resulting from your spouse, child, or parent being deployed for active duty.

Unlike caregiver leave, your child can be of any age for both these types of leave.

How to Get FMLA Forms

Your employer may use the [Department of Labor's optional FMLA forms](#) or their own, which you can get from its Human Resources (HR) department. Some employers use a third party, such as an insurance company, to handle FMLA requests.

Note that there is no legal requirement to fill out any particular form. "Your employer has to accept a request that meets all the certification requirements," said Michal Shinnar, senior counsel with Joseph Greenwald & Laake, a law firm that operates in Maryland, Virginia, and the District of Columbia. "Employers are allowed to accept less than the certification information; they just can't require more to approve FMLA."

Note

Your employer can't request medical certification for parental leave to bond with a child. They can only ask you to confirm the family relationship by providing a court document or birth certificate.

How to Complete FMLA Forms

FMLA forms have up to three sections to complete: one for your employer, one for the healthcare provider, and usually one for you. [Form WH-380-E](#), used for a serious health condition, is the only one that doesn't have anything for you to fill out. Your employer fills out the top part, and your healthcare provider fills out the second part.

Here are more details on how to fill out these forms.

Fill in Section 2: Personal Information and Reason for Leave

Section 2 varies depending on the form:

FMLA Form WH-380-F for Family Health Condition

Section II of this form asks for your family member's details. You'll need to know:

- Their name and relationship to you
- The type of care you're providing and how much time off you need

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

(1) Name of the family member for whom you will provide care: _____

(2) Select the relationship of the family member to you. The family member is your:

- Spouse Parent Child, under age 18
- Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: _____

(3) Briefly describe the care you will provide to your family member: (Check all that apply)

- Assistance with basic medical, hygienic, nutritional, or safety needs Transportation
- Physical Care Psychological Comfort Other: _____

(4) Give your **best estimate** of the amount of leave needed to provide the care described: _____

(5) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy). I am able to work _____ (hours per day) _____ (days per week).

Employee Signature _____ Date _____ (mm/dd/yyyy)

FMLA Form WH-384 for Military Family Leave for Qualifying Exigency

Section II of this form asks you to detail why you're requesting leave and provide proof of the military family member's order or military documentation proving they're on active duty or have been called to active duty. This is the lengthiest section 2 of all the forms.

Initially, you'll need to fill out their full name and describe your relation to them.

SECTION II - EMPLOYEE

Please complete all Parts of Section II and sign the form before returning it to your employer. The FMLA allows an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. If requested by your employer, your response is required to obtain the benefits and protections of the FMLA. 29 C.F.R. § 825.309. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. **You are responsible for making sure the certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. § 825.313.

- (1) Provide the name of the military member on covered active duty or call to covered active duty status:

<i>First</i>	<i>Middle</i>	<i>Last</i>

- (2) Select your relationship of the military member. The military member is your:

Spouse Parent Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Part A then asks for their active duty service dates and the type of documentation you're providing as proof.

- (3) Provide the dates of the military member's covered active duty service: _____
- (4) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:
- A copy of the military member's covered active duty orders
- Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
- I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

Part B asks for which of the qualifying reasons you're asking for leave and if there's documentation that supports the reason for the leave.

(5) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:

- Short notice deployment (*i.e.*, deployment within seven or fewer days of notice)
- Military events and related activities (*e.g.*, official ceremonies or events, or family support and assistance programs): _____
- Childcare related activities for the child of the military member (*e.g.*, arranging for alternative childcare): _____

Employee Name: _____

- Care for the military member’s parent (*e.g.*, admitting or transferring the parent to a new care facility): _____
- Financial and legal arrangements related to the deployment (*e.g.*, obtaining military identification cards)
- Counseling related to the deployment (*i.e.*, counseling provided by someone other than a health care provider)
- Military member’s short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- Post deployment activities (*e.g.*, arrival ceremonies, or reintegration briefings and events): _____
- Any other event that the employee and employer agree is a qualifying exigency: _____

(6) **Available written documentation** supporting this request for leave is (attached / not attached / not available).

Part C is where you detail your leave or reduced work schedule, including your best estimates of how long it will last and whether it will be a continuous or intermittent absence.

PART C: AMOUNT OF LEAVE NEEDED

Provide information concerning the amount of leave that will be needed. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

- (7) List the approximate date exigency started or will start: _____ (mm/dd/yyyy)
- (8) Provide your best estimate of how long the exigency lasted or will last:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)
- (9) Due to a qualifying exigency, I need to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule you are able to work:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)
I am able to work _____
(e.g., 5 hours/day, up to 25 hours a week)
- (10) Due to a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Employee Name: _____

- (11) Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically).
Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.
Over the next 6 months, absences on an **intermittent basis** are estimated to occur: _____ times per
(day / week / month) and are likely to last approximately _____ (hours / days) per episode.
- (12) My leave is due to a qualifying exigency that involves **Rest and Recuperation leave (R & R)** of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).
List the dates of the military member's R & R leave:
From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Part D is where you provide your contact information and sign the form.

Individual (e.g., name and title) or Entity / Organization: _____

Address: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Describe purpose of meeting: _____

Employee Signature _____ Date _____ (mm/dd/yyyy)

FMLA Form WH-385 for Servicemember Care

This form starts by asking for your and the service member's name and how you're related.

SECTION II - EMPLOYEE and/or CURRENT SERVICEMEMBER

Please complete all Parts of Section II before having the servicemember's health care provider complete Section III. The FMLA allows an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by your employer, your response is required to obtain or retain the benefit of FMLA-protected leave.

PART A: EMPLOYEE INFORMATION

(1) Name of the current servicemember for whom employee is requesting leave: _____

Employee Name: _____

(2) Select your relationship to the current servicemember. You are the current servicemember's:

Spouse Parent Child Next of Kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for a covered servicemember who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a covered servicemember for whom the employee has assumed the obligations of a parent. No biological or legal relationship is necessary. "Next of kin" is the servicemember's nearest blood relative, other than the spouse, parent, son, or daughter, in the following order of priority: (1) a blood relative as designated in writing by the servicemember for purposes of FMLA leave, (2) blood relatives granted legal custody of the servicemember, (3) brothers and sisters, (4) grandparents, (5) aunts and uncles, and (6) first cousins.

Part B is where you detail the service member's status, what care you're providing, and your best estimate of how long you'll need the leave or reduced work schedule.

PART B: SERVICEMEMBER INFORMATION AND CARE TO BE PROVIDED TO THE SERVICEMEMBER

- (3) The servicemember (is / is not) a current member of the Regular Armed Forces, the National Guard or Reserves. If yes, provide the servicemember's military branch, rank and unit currently assigned to: _____
- (4) The servicemember (is / is not) assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients, such as a medical hold or warrior transition unit. If yes, provide the name of the medical treatment facility or unit: _____
- (5) The servicemember (is / is not) on the Temporary Disability Retired List (TDRL).
- (6) Briefly describe the care you will provide to the servicemember: *(Check all that apply)*
 - Assistance with basic medical, hygienic, nutritional, or safety needs
 - Psychological Comfort
 - Transportation
 - Physical Care
 - Other: _____
- (7) Give your **best estimate** of the amount of leave needed to provide the care described: _____
- (8) If a reduced work schedule is necessary to provide the care described, give your **best estimate** of the reduced work schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy). I am able to work: _____ (hours per day) _____ (days per week).

FMLA Form WH-385-V for Veteran Caregiver Leave

Part A of this form asks for the veteran's name, your name, and your relationship to them.

SECTION II - EMPLOYEE and/or VETERAN

Please complete all Parts in Section II before having the veteran's health care provider complete Section III. The FMLA allows an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. The employer must give an employee **at least 15 calendar days** to return this form to the employer. 29 U.S.C. §§ 2613, 2614(c)(3).

PART A: EMPLOYEE INFORMATION

(1) Name of veteran for whom employee is requesting leave: _____
First Middle Last

Employee Name: _____

- (2) Select your relationship to the veteran. You are the veteran's:
- Spouse
 - Parent
 - Child
 - Next of Kin

In Part B, you'll provide more details about:

- The veteran's service
- Whether they are receiving medical treatment
- How you will care for them
- Your best estimate of how long you'll need the leave or reduced work schedule.

PART B: VETERAN INFORMATION AND CARE TO BE PROVIDED TO THE VETERAN

- (3) The veteran was (honorably / dishonorably) discharged or released from the Armed Forces, including the National Guard or Reserves. List the date of the veteran's discharge: _____ (mm/dd/yyyy)
- (4) Please provide the veteran's military branch, rank and unit at the time of discharge: _____

- (5) The veteran (is / is not) receiving medical treatment, recuperation, or therapy for an injury or illness.
- (6) Briefly describe the care you will provide to the veteran: (Check all that apply)
- Assistance with basic medical, hygienic, nutritional, or safety needs Transportation
 Psychological Comfort Physical Care Other: _____
- (7) Give your **best estimate** of the amount of FMLA leave needed to provide the care described: _____

- (8) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced work schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) I am able to work: _____ (hours per day) _____ (days per week).

Get a Healthcare Provider's Input

Your healthcare provider will fill out the healthcare provider section on the forms. "When asking a doctor to complete an FMLA medical certification, it's best to schedule an appointment or check their process in advance with their office," said Stephanie Reitz, director of client services at myHR Partner. You should clearly explain why you need the leave and give your medical provider the correct form, she said. Before you leave the office, make sure all questions are answered.

The DOL has a [handout for healthcare providers](#) that you can print and bring to your appointment.

Note

Your doctor doesn't have to include your diagnosis, and your employer can't reject your certification only because it lacks one.

Be prepared that you may have to pay something for this service. "Some healthcare providers charge a fee for FMLA paperwork, usually because insurance doesn't reimburse for this time," said Shinnar. Ask ahead if yours does and, if so, how much they charge.

Turn in the Form and Wait for Approval

Return any forms and documentation to your employer or HR department. Don't send them to anyone else, including the DOL or your supervisor.

"You are entitled to your medical privacy when it comes to FMLA leave, just like under the [[Americans With Disabilities Act](#)]," Shinnar said. "Your supervisor gets to know the 'what' (i.e., when you will be on leave), but not the 'why' (i.e., what the medical conditions or specific symptoms are)."

Your employer may use the [WH-382 Designation Notice form](#) to let you know if your request was approved. If denied, they can use this form to tell you whether the certification was incomplete or if additional information is needed.

What If Your Request Is Denied?

If you want more clarification about your denial, ask your human resources representative for a detailed written explanation, Reitz said. You may need your physician to update and resubmit the form or get a second opinion.

If you feel the denial was unfair, you do have legal options. You can submit a complaint to the U.S. Secretary of Labor or file a civil lawsuit. The lawsuit must be filed within two years after the denial—or three years if you can prove the employer's violation was willful. "An attorney can provide you with more specific advice," said Shinnar. "Best practice is to mark your calendar for the two-year deadline to avoid having to prove a violation was willful."

Common Mistakes and Tips for Accurate Form Completion

Reitz said that, in her experience, denials usually happen because of problems with medical certification. “The information provided in the request is too vague or incomplete, such as missing specifics related to how long the needed leave is or whether the leave will be intermittent or taken all at once,” she said.

Another common mistake is saying that you’ll be out for more than 12 weeks when that’s not definitely the case. Your employer doesn’t have to hold your job if you’re out for more than 12 weeks.

The Bottom Line

Most FMLA leave forms require you to fill out a section on your own, with your medical provider and employer filling out the rest. These forms are optional but may be part of your company’s standard procedure.

If you qualify, you can take unpaid leave for the time specified, up to 12 or 26 weeks, depending on your type of leave. A few states are implementing their own [paid family and medical leave policies](#), although policies vary by state.

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