



SAN ANTONIO COMMUNITY HOSPITAL

MEMO

DATE: February 17, 2009

TO: SACH Physician Offices

ATTENTION: Physicians and Office Managers

FROM: Sandy Wier, Director of Human Resources; San Antonio Community Hospital

SUBJECT: New Family Medical Leave Act (FMLA) Regulations and Forms

On January 16, 2009 new Federal regulations were passed regarding the process required for Employers and Employees to utilize Family Medical Leave Act (FMLA) leaves. With these regulations came two new forms that our employees/your patients will be required to take to their physicians or other "Health Care Practitioners" for completion if they wish to request a Personal FMLA leave for their own illness or injury or a Family FMLA leave to care for a sick or injured qualifying family member.

What does this mean to you? You will be asked by your patients that are San Antonio Community Hospital employees to complete a new three or four page certification form when they have a qualifying medical need to be off work and request a FMLA leave of absence.

San Antonio Community Hospital, along with other employers, will abide by the governmental recommendations that we accept only fully completed forms from the physician or health care practitioner. Partially completed forms or a physician's note will be returned to the employee with a request to submit the required completed form within 7 days or risk having their FMLA leave denied. We are sorry for this additional demand on your time, but like you, we are incurring additional administrative burdens because of this new legislation.

Our Human Resources department will be attending the next PALS luncheon at SACH to respond to any questions your office managers may have. In the meantime feel free to contact me personally if I can be of further assistance at (909) 920-6264 or (909) 920-6261.

You may view these forms on the internet by going to *SACH.org* and clicking on the *Physician Log In* button.

<http://www.dol.gov/esa/whd/forms/WH-380-E.pdf> Certification of Health Care Provider for Employee's Serious Health Condition

<http://www.dol.gov/esa/whd/forms/WH-380-F.pdf> Certification of Health Care Provider for Family Members Serious Health Condition