



The Research  
Foundation for

The State University of New York

## Family and Medical Leave Act (FMLA): Request for Leave Forms and Posted Notices

[Employee Request for Leave](#) (RF Form)

[FMLA Rights and Responsibilities Form Instructions](#) (RF instructions)

[Employee Rights and Responsibilities Under FMLA](#) - \*Required Poster\* (U.S. DOL Form WHD 1420)

[Notice of Eligibility and Rights and Responsibilities - Employer Response to Employee Request for FMLA Leave](#) (U.S. DOL Form WH-381)

[Designation Notice](#) (U.S. DOL Form WH-382)

[Certification of Health Care Provider for Employee's Serious Health Condition](#) (U.S. DOL Form WH-380-E)

[Certification of Health Care Provider for Family Member's Serious Health Condition](#) (U.S. DOL Form WH-380-F)

[Certification of Qualifying Exigency For Military Family Leave](#) (U.S. DOL Form WH-384)

[Certification For Serious Injury or Illness of Covered Servicemember for Military Family Leave](#) (U.S. DOL Form WH-385)

[Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave](#) (U.S. DOL Form WH-385-V)

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