UNIVERSITY of WASHINGTON
HUMAN RESOURCES

(not for HMC or UWMC staff)

Family and Medical Leave
Military Caregiver Leave for Serious Injury or Illness of a Veteran

Return the completed form to:

Campus HR Operations & Services
University District Station Building
Box 354963
4320 Brooklyn Ave NE
Seattle, WA 98195-4963
Fax: (206) 685-0636
Email: hrleaves@uw.edu

Do not submit it to your unit or department.

PART 1 – to be completed by employee (please print)

Name of veteran you will care for:

Veteran's relationship to you:
☐ Parent ☐ Child ☐ Spouse ☐ Domestic Partner
☐ Brother/Sister ☐ Grandchild ☐ Grandparent ☐ Next of Kin
Is this a "step" relationship (i.e. step parent, step brother, etc.)?
☐ No ☐ Yes

Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)?
☐ Yes ☐ No

Military branch:	Rank:	Unit assignment:

Date of the veteran's discharge:

Care you will provide to the covered Service Member

Describe care you will provide to the veteran and an estimate of the leave needed to provide the care:

I am requesting time off work ☐ No ☐ Yes
If Yes: From (date) _____ to (date) _____

I am requesting a reduced work schedule as follows ☐ No ☐ Yes
If Yes: _____ hours/day for _____ days/week until (date) _____

I am requesting an intermittent work schedule ☐ No ☐ Yes If yes, describe requested schedule:

FACULTY ONLY ☐ No ☐ Yes
I am requesting Faculty Paid Sick Leave if I am eligible

Employee Signature _____ Date _____

Revised 01/07/2025

PART 2 – To Be Completed by United States Department of Defense (DOD) Health Care Provider

For completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider.

Our employee has requested leave under military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of military caregiver leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

i) A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
ii) A physical or mental condition for which the covered veteran has received a U.S. Department Veteran's Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
iii) A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
iv) An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veteran's Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness that includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty, and that the veteran is undergoing treatment, recuperation or therapy for such injury or illness by a healthcare provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate," may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

Health Care Provider Information

Health care provider's name	Type of practice/medical specialty	Telephone
Business address	Fax	Email

Check the appropriate box - I am a: ☐ DOD health care provider ☐ VA health care provider ☐ DOD TRICARE network authorized private health care provider ☐ DOD non-network TRICARE authorized private health care provider

☐ Other – Please explain:

Veteran's Medical Status

The veteran's medical condition is:

☐ A continuation of a serious injury or illness that was incurred or aggravated when the veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.

☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veteran's Affairs Service Related Disability Rating (VSRD) of 50% or higher and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.

☐ A physical or mental condition that substantially impairs the veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.

☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veteran's Affairs Program of Comprehensive Assistance for Family Caregivers.

☐ None of the Above

Family and Medical Leave Certification of Military Caregiver Leave for Serious Injury or Illness of a Veteran	Employee Name:	EID:

Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces?

☐ Yes ☐ No

Approximate duration of condition and/or need for care: From (date) _____ to (date) _____

Is the veteran undergoing medical treatment, recuperation, or therapy? ☐ Yes ☐ No

If yes, please describe medical treatment, recuperation or therapy:

Covered Service Member's Need for Care by Family Member

Will the veteran need care for a single continuous period of time, including any time for treatment and recovery?

☐ No ☐ Yes

If yes, please estimate the approximate duration of condition: From (date) _____ to (date) _____

Will the veteran require periodic, scheduled follow-up treatment appointments? ☐ No ☐ Yes

If yes, please estimate the treatment schedule:

Is there a medical necessity for the covered service member to have periodic care from a family member for these follow-up appointments?

☐ No ☐ Yes

Is there a medical necessity for the covered service member to have periodic care from a family member or a health care provider for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of a medical condition)? ☐ No ☐ Yes

If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider

_____ Date _____