

From: Mary Nelson [mnelson@awwa.org]
Posted At: Wednesday, October 26, 2011 9:46 AM
Conversation: Control Number 1235-0003
Posted To: WHDPRAComments

Subject: Control Number 1235-0003
Re: FMLA Record keeping requirements

Dear Sirs:

Please reduce the paperwork and record keeping required. It is onerous for us as the employer, confusing and onerous for our employees. It takes far longer than your estimates to complete the paperwork, answer all the employee questions, have the employee get the certification from the healthcare providers. The forms could be MUCH simpler and clearer – For instance:

Healthcare Provider Name/Address/Phone Number/Specialty

Reason for Leave:

- Personal medical necessity _____**
- Family Member medical necessity _____**
- Et Cetera**

The medical necessity for our employee, _____, to be gone from work:

The medical necessity for our employee to care for the family member with a serious medical condition (the family member’s medical condition and the care our employee will give):

Total Estimated Time required for the leave:

Will leave be needed intermittently? ___ Yes ___ No

If yes, estimated schedule of time away from work required for employee:

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American Water Works Association
The Authoritative Resource on Safe Water (R)

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