

From: [Celeste Goins \(Total Rewards\)](#)
To: [WHDPRAComments](#)
Subject: WH-380
Date: Friday, October 04, 2019 5:57:09 PM
Attachments: [image001.png](#)

WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition

On page 3, number 6, will you please add "List the dates you have treated patient for this condition during the past 12 months. _____"

WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition

On page 4, number 8, will you please add "List the dates you have treated patient for this condition during the past 12 months. _____"

Thank You,

Celeste Goins, PHR, SHRM-CP, CCA

Leave Administration

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