

From: [Marilyn Schenk](#)
To: [WHDPRAComments](#)
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I have reviewed the draft of the proposed changes for the Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act); U.S. Department of Labor; Wage and Hour Division.

The form is missing contact information for the employer which we have found to be necessary for communication and asking/answering questions. It should include a space for email, telephone and fax number of the employer.

Thank you.

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