

**From:** [Anderson, Tammy \(GE Appliances, non-GE\)](#)  
**To:** [WHDPRAComments](#)  
**Subject:** FML Form Revision comments  
**Date:** Wednesday, September 04, 2019 10:30:16 AM  
**Attachments:** [image001.png](#)

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FML Revised form Recommendations.

In keeping the language as simple as possible – recommend omitting (the frequency) (the duration) from all documents with the below listed statement as they are redundant and add to processing time.

how often (the frequency) or how long (the duration)

Instructions should be listed before the section they apply to instead of after as employers and physicians will likely have already completed their portion prior to reading the instructions since they are listed after the items to be completed rather than before.

The below section is not set up to account for estimates such as, “up to 3 days at a time twice a month” Including an “Other: \_\_\_\_\_” section would resolve this issue.

- ☐ (4) Due to the condition, the patient ☐ required / ☐ requires / ☐ will require care on an **intermittent basis** (periodically), including for any foreseeable or unforeseeable episodes of incapacity (*i.e., episodic flare-ups*).

Provide your **best estimate** of how long (the duration) and how often (the frequency) the intermittent episode(s) will last (*e.g., 2 hours each episode, 1 time per week*).

<u>Amount of Time (Duration)</u>	<u>How Often (Frequency)</u>
_____ Hour(s)	_____ Per Day
_____ Day(s)	_____ Per Week
_____ Week(s)	_____ Per Month
_____ Month(s)	_____ Per Year