

**From:** [Verroca, Andrea](#)  
**To:** [WHDPRAComments](#)  
**Subject:** Control Number 1235-0003 (Comments to Proposed Revision of FMLA)  
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#### Forms with Question on a Reduced Work Schedule

There continues to be confusion by physicians on whether to indicate the Hours Per Day and Days per Week that the employee **can work**, or **can't work**. It would be helpful to clarify for the physician that this question should state how much time the employee is permitted to work while on the approved FMLA, so that we as the employer can clearly understand what temporary schedule should be assigned.

#### Certification Due Date

Recommend that the Certification Due Date field auto populates with the 15-day requirement, to help with employer compliance efforts.

Thanks kindly for considering our comments.

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