

From: [Rybicki, Barbara](#)
To: [WHDPRAComments](#)
Cc: [Rybicki, Barbara](#)
Subject: Control Number 1235-0003
Date: Thursday, October 03, 2019 7:12:30 PM
Attachments: [image003.png](#)

These are comments relating to the new Certification of Health Care Provider for FMLA Leave.

I like the new form because it provides a full description of definitions, health care provider instructions, clarifying best estimate for intermittent leave and more questions around ADA and ability to do job.

Only suggestion is: due to gender basis of using his/her in all upcoming documents, find another descriptive alternative for **his/her** throughout document.

Great job!

Barbara Rybicki

Leaves and Benefits Specialist

Desk: 503-540-1326

Fax: 503-540-1329

www.oregonlottery.org



**OREGON
LOTTERY™**

Together, we do good things.