

U.S. Department of Labor Wage and Hour Division	Certification for Serious Injury or Illness of a Current Servicemember — Military Family Leave	WH-385 Revised June 2020 OMB 1235-0003
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FMLA allows eligible employees up to 26 weeks of leave in a single 12-month period to care for a covered servicemember with a serious injury or illness incurred in the line of duty on active duty.

SECTION I: EMPLOYEE AND SERVICEMEMBER INFORMATION

Employee

Name: _____ Date: _____

Employer / Organization: _____

Servicemember's Name: _____

Relationship to employee:

- ☐ Spouse
- ☐ Child
- ☐ Parent
- ☐ Next of kin

Military Branch / Unit: _____

SECTION II: HEALTH CARE PROVIDER CERTIFICATION

INSTRUCTIONS TO HEALTH CARE PROVIDER: Complete this section only for a current servicemember receiving medical treatment, recuperation, or therapy for a serious injury or illness incurred in the line of duty. Do not include diagnosis or confidential medical details.

Provider Name / Specialty: _____

Treatment Facility / Address: _____

Phone / Contact: _____

1. Is the servicemember undergoing medical treatment, recuperation, or therapy?

- ☐ Yes ☐ No

2. Was the serious injury or illness incurred in the line of duty on active duty?

- ☐ Yes ☐ No

3. Estimated duration of treatment/recovery period: _____

4. Does the servicemember require care or assistance? Describe need:

Provider Signature: _____ Date: _____

SECTION III: EMPLOYEE CERTIFICATION

Leave Begin Date: _____ Leave End Date: _____ Total Hours/Days: _____

Employee Signature: _____ Date: _____