

FMLA/CFRA/PDL
SAMPLE HEALTH CARE PROVIDER INSTRUCTIONS

Employee' Name: _____

Due to **employee's** ongoing medical condition, it is important that the following paperwork be completed by the attending physician and returned as follows:

- Disability Insurance: The JPIA's policy is with The Standard Insurance Company. Attached is the paperwork that needs to be completed and returned to Standard in the addressed envelope (at your earliest convenience).
- Family Leave: Enclosed is a medical certification form to be completed and returned to the JPIA in the enclosed envelope. Also enclosed is the Medical Release form signed by **employee**.
- A copy of **employee's** Job Description is enclosed for your use in evaluating **employee's** ability to perform the essential job functions and any modified job duties.

The **employer** offers modified duties and work schedules and would like your input into any duties **employee** may be able to perform.

Thank you very much for your assistance with this. Feel free to call me if you need any further information.

HR Signature/Information