

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, COMPLETE ITEMS 10 THROUGH 14 BELOW AS THEY APPLY TO THE FAMILY MEMBER AND PROCEED TO ITEM 15 ON REVERSE SIDE.

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is inpatient hospitalization of the family member (patient) required?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does (or will) patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | After review of the employee's signed statement (See Item 14 below), is the employee's presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) |
| 13. |                          |                          | Estimate the period of time care is needed or the employee's presence would be beneficial:   |

ITEM 14 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.

14. When Family Leave is needed to care for a seriously ill family member, the employee shall state the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule:

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Employee's Signature

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Date