



# Certification for BABY BONDING (Family and Medical Leave Act)

Return form to: Fax: 316.941.5132 • Email: FMLA@sedgwick.gov

## SECTION I: For Completion by Human Resources

**INSTRUCTIONS:** The Family and Medical Leave Act (FMLA) provides that Sedgwick County may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

Sedgwick County generally must maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the employee personnel file and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

Human Resources Representative: FMLA/ADA Specialist

## SECTION II: For Completion by the EMPLOYEE

**INSTRUCTIONS:** Please complete Section II *before* giving this form to your health care provider. Sedgwick County requires you submit a timely, complete, and sufficient medical certification to support your request for FMLA leave due to your family member's serious health condition. Your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial or delay of your FMLA request. You have **15 calendar days** to return this form to Sedgwick County's Human Resources Representative listed above.

Employee name: \_\_\_\_\_  
First Middle Last

Name of the family member for whom you will provide care: \_\_\_\_\_  
First Middle Last

Select the relationship of the family member to you. **(Choose at least one)**  
 Spouse       Parent\*       **Baby Bonding\*- Continuous Only**       Child, under age 18  
 Child, over 18 who is incapable of self-care because of a mental or physical disability **(supplemental documentation required)**

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships. An employee may take FML to care for an individual who assumed the obligations of a parent to the employee when the employee was a child or to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary; however, documentation is required.

1. Briefly describe the care you will provide to your family member: *(Check all that apply)*  
 Assistance with basic medical, hygienic, nutritional, or safety needs       Transportation  
 Psychological Comfort       Physical Care       Other \_\_\_\_\_

I am requesting:       CONTINUOUS       INTERMITTENT      Family Medical Leave (FML)

2. What is the Estimated Delivery Date/Placement/Adoption Date: \_\_\_\_\_

3. How many weeks of Baby Bonding leave are you requesting? \_\_\_\_\_ weeks  
*(You can request up to a total of 12 workweeks provided you have not used any FMLA within the previous rolling 12-month period.)*

**NOTE:** Your leave will start effective with the baby's date of birth/placement/adoption) and leave must be continuous.

4. \*If your spouse works for Sedgwick County, please provide their name: \_\_\_\_\_

5. For continuous leave, please provide a personal email address where you can be contacted  
\_\_\_\_\_

6. Have you applied for Paid Parental Leave?    Yes    No How many weeks have you requested? \_\_\_\_\_

**DIGITAL SIGNATURE  
REQUIRED**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_