

**Managerial, Professional, Supervisory, and Confidential Staff  
Certifications Required for Use of Sick Leave  
To Care for a Seriously Ill Family Member**

This form must be submitted to your supervisor for approval in advance of your absence to provide care for a seriously ill family member whenever possible. In cases when it is not possible to submit the form in advance, it must be submitted not later than 30 days after your absence to provide care for a seriously ill family member. **Without prior and complete certification Sick Leave use will not be permitted for the employee.**

**CERTIFICATION BY THE EMPLOYEE (please print clearly)**

I have read the DEFINITIONS on the reverse side and I certify that on the following DATE(S):

\_\_\_\_\_

\_\_\_\_\_

I will/did provide the following CARE  
(please specify) \_\_\_\_\_

\_\_\_\_\_

to my SERIOUSLY ILL FAMILY MEMBER \_\_\_\_\_  
(Name of seriously ill family member)

who is my \_\_\_\_\_  
(family member relationship)

\_\_\_\_\_

Print Employee Name

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

**CERTIFICATION BY HEALTH CARE PROVIDER**

I have read the DEFINITIONS on the reverse side and I certify that the individual named above as the SERIOUSLY ILL FAMILY MEMBER is my patient who suffers from a SERIOUS HEALTH CONDITION as defined. I also certify that the above named employee of Rutgers University needs/needed to provide CARE for the seriously ill family member identified above on the following dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print or type Name of Health Care Provider

\_\_\_\_\_

Type of Practice

\_\_\_\_\_

Street Address

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Date of Certification

\_\_\_\_\_

Signature of Health Care Provider

\_\_\_\_\_

License Number

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**DEFINITION OF SERIOUS HEALTH CONDITION**

- A. Illness, injury, impairment, physical or mental condition that involves one or more of the following:
1. Inpatient care in a hospital, hospice, residential medical care facility for treatment, recovery, subsequent treatment in connection with the inpatient care.
  2. Continuing treatment for:
    - a. a period of incapacity (inability to work, attend school, perform regular daily activities) for more than 3 consecutive calendar days if the period of incapacity also involves treatment two or more times by a health care provider followed by a regimen of continuing treatment under the supervision of a health care provider. Regimen includes a course of prescription medication or therapy requiring special equipment to resolve or alleviate the serious health condition, e.g., oxygen.
    - b. a period of incapacity due to chronic serious health condition. A chronic condition is one which (1) requires periodic visits for treatment by a health care provider; (2) continues over an extended period of time; and (3) may cause episode rather than a continuing period of incapacity, e.g., asthma, diabetes, epilepsy, etc.
    - c. a period of incapacity which is permanent or long term due to a condition for which treatment may not be effective such as Alzheimer's, a severe stroke, terminal stages of a disease.
    - d. Medical intervention, such as chemotherapy, dialysis, etc.

**NOT INCLUDED IN DEFINITION OF SERIOUS HEALTH CONDITION**

- A. Ordinary cosmetic treatments, the common cold, flu, ear aches, upset stomach, minor ulcers, headaches, routine dental problems are not serious health conditions. Mental illness, stress or allergies are not a serious health condition unless all other conditions are met
- B. Substance abuse is not a serious health condition unless treatment by a health care provider is involved.
- C. Over the counter medication, bed rest, exercise, and other similar activities that can be initiated without a visit to a health care provider are not, by themselves, a regimen or treatment.
- D. Treatment does not include routine medical, physical, eye, or dental exams.

**DEFINITION OF CARE OF A SERIOUSLY ILL FAMILY MEMBER**

Care of a Seriously Ill Family Member is the employee's attendance at a hospital, health care facility, or at home, or transport to medical treatment, when certified by a health care provider. It does not cover matters unrelated to medical needs such as baby-sitting, running errands, and/or running a business for the family member while he/she is ill; for these purposes, the appropriate charge is vacation, administrative leave, personal holiday, or leave without pay.

**COVERED FAMILY MEMBERS**

Covered family members include:  
mother, father, spouse, domestic partner, child, step child, foster child, grandchild, sister, brother, grandmother, grandfather