



## FAMILY AND MEDICAL LEAVE REQUEST FORM

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Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

*Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. There are two types of leave available, including the basic 12-week entitlement and military family leave entitlements described in this policy. Pacesetter Health's FMLA policy is governed by all provisions of the FMLA. Submit this request form to your supervisor at least 30 days before the leave is to commence. When submission of the request 30 days in advance is not possible, submit the request as early as is feasible. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law. Eligibility is determined as of the date leave is requested to begin and is counted by a "rolling" 12-month period measured backward from the date an employee used any FMLA.*

### ELIGIBILITY

To be eligible an employee must have worked for Pacesetter Health for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

Counting any periods of time that you worked for Pacesetter Health (whether they were consecutive or not), have you worked for the company for a total of 12 months or more in the last 7 years? (If "yes," continue to next question. If "no," stop here.)

Yes  No

During the past 12 months, have you worked at least 1,250 hours?  
(If "yes," continue to next question. If "no," stop here.)

Yes  No

Have you previously received medical or family leave? If yes, provide information below:

Yes  No

Dates of leave: From \_\_\_\_\_ To \_\_\_\_\_

Purpose of leave: \_\_\_\_\_

Have you taken any intermittent leave?  Yes  No

Have you taken time off from scheduled hours?  Yes  No

Please provide details: \_\_\_\_\_

**REASONS FOR REQUESTING LEAVE:**

Leave must be granted for any of the following reasons:

- ✓ For a serious health condition which makes you unable to perform your job;
- ✓ To care for your child, spouse, or parent who has a serious health condition; or
- ✓ To care for your child after birth, or for placement after adoption or foster care; or
- ✓ To address certain qualifying exigencies for military family on active duty or call to active duty status; or
- ✓ To care for a covered military service member.

**I am requesting leave for the following reason:**

**Personal serious health condition**

**Serious health condition of:**

Spouse    Child    Parent

Name: \_\_\_\_\_

**Birth of a child**

Expected delivery date is: \_\_\_\_\_

**Adoption or placement of a child for foster care**

Child's name: \_\_\_\_\_

Scheduled date of adoption or placement: \_\_\_\_\_

**Address certain qualifying exigencies for military family**

Period of covered military member's active duty: \_\_\_\_\_

**PREMIUM PAYMENTS:**

While you are on FMLA you will be expected to reimburse Pacesetter Health for any regular benefit payroll deductions that are missed. These payments are due monthly and will be withdrawn from your PTO checks when possible. We will contact you for instructions on repayment if we are unable to take the payment from the PTO.

Medical:	\$ _____.
Dental:	\$ _____.
Vision:	\$ _____.
STD:	\$ _____.
LTD:	\$ _____.
CI:	\$ _____.
Accident:	\$ _____.
Vol Life:	\$ _____.

**DATES OF LEAVE REQUESTED:**

I request leave from \_\_\_\_\_ to \_\_\_\_\_.

I request intermittent leave according to the following schedule: \_\_\_\_\_ I

request a reduced schedule leave according to the following schedule: \_\_\_\_\_

The total number of days of leave that I request is: \_\_\_\_\_

**EMPLOYEE STATEMENT:**

I agree to return to my original work schedule on \_\_\_\_\_. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor in writing immediately so that Pacesetter Health may start its search for a suitable replacement.

I have received the “Your Rights and Obligations Under the Federal Family and Medical Leave Act of 1993” explaining my rights and responsibilities under FMLA.

I understand that my benefits will continue during my leave as defined in “Your Rights and Obligations Under the Federal Family and Medical Leave Act of 1993” and that I will arrange to pay my share of applicable premiums.

I understand that upon notification of intent not to return to work, my employment will be terminated, and I will be responsible to pay back any benefit premiums that Pacesetter Health has paid on my behalf.

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

**TO BE COMPLETED BY HUMAN RESOURCES**

Leave is:  Approved  Denied for the following reasons: \_\_\_\_\_

Request approved /denied by: \_\_\_\_\_

Corporate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **YOUR RIGHTS AND OBLIGATIONS UNDER THE FEDERAL FAMILY AND MEDICAL LEAVE ACT OF 1993**

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It is the policy of Pacesetter Health to provide Family and Medical Leave to eligible employees in accordance with the Federal Family and Medical Leave Act of 1993 (FMLA). This notice sets forth your rights and obligations under FMLA. If you are eligible and the leave you have requested pursuant to Pacesetter Health policies qualifies as family and medical leave, up to 12 workweeks will be counted against your annual entitlement of 12 workweeks in a “rolling” 12-month period.

### ***Eligibility for Leave***

In order to be eligible for an FMLA leave, an employee must:

- ✓ Have at least 12 months of service (which need not be continuous) for Pacesetter Health in the last seven years (unless the break in service is due to or necessitated by the employee’s USERRA covered service obligation);
- ✓ Have worked at least 1,250 hours for Pacesetter Health during the 12 months prior to commencement of the leave;
- ✓ Have a qualifying reason for leave.

### ***Purpose of Leave***

- ✓ For your own serious health condition;
- ✓ To care for your spouse, child, or parent who has a serious health condition; or
- ✓ To care for your child after birth or placement by adoption or foster care; or
- ✓ To address certain qualifying exigencies for military family on active duty or call to active duty status; or
- ✓ To care for a covered service member.

### ***Basic Family Leave***

Employees who meet the eligibility requirements described above are eligible to take up to 12 weeks of leave during a 12- month period, defined later, for one, or more, of the following reasons:

- (1) The birth of employee’s son or daughter, and to care for the newborn child during the first 12 months following the birth;
- (2) The placement with the employee of a son or daughter for adoption or foster care, and to care for the newly placed child;
- (3) To care for employee’s spouse, son, daughter, or parent with a serious health condition;
- (4) Because of an employee’s own serious health condition that makes the employee unable to perform the functions of the employee’s job.

If a husband and wife are both employed by the company, they will be limited to a combined total leave of twelve weeks if the leave is taken for the birth of, or to care for, a newborn child; for the placement of, or to care for, a newly adopted or foster care child; or to care for a sick parent.

The Company designates the method used to calculate the 12-month period in which employees can take FMLA leave for qualifying reasons as the 12-month period measured forward from the date the FMLA leave begins.

### ***Military Family Leave***

There are two types of Military Family Leave available.

- (5) *Qualifying Exigency Leave.* Employees meeting the eligibility requirements described above may be entitled to use up to 12 weeks of FMLA Leave to address certain qualifying exigencies. Leave may be used if the employee’s spouse, son, daughter, or parent (the military member or member) is on covered active duty status (or has been notified of an impending call or order to covered active duty). Qualifying exigencies may include:

- ✓ *Short-notice deployment:* Leave (up to 7 calendar days) to address any issue that arises from an impending call or order to active duty in support of a contingency operation seven days or less prior to the date of deployment.
- ✓ *Military events and related activities:* Leave to attend any official ceremony, program, or event sponsored by the military related to the covered active duty or call to covered active duty.
- ✓ *Child and school activities:* Leave to arrange or provide for childcare or school-related activities.
- ✓ *Financial and legal arrangements:* Leave to make or update various financial or legal arrangements.
- ✓ *Counseling:* Leave to attend counseling (by someone other than a health care provider) when necessary as a result of the covered active duty or call to covered active duty status.
- ✓ *Rest and recuperation:* Leave to spend time with the military member who is on short-term, temporary, Rest and Recuperation leave during the period of deployment (up to 15 calendar days each instance).
- ✓ *Post-deployment activities:* Leave to attend arrival ceremonies (including funeral or memorial services), reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of 90 days following the termination of the military member's covered active duty status.
- ✓ *Parental care:* Leave to arrange for alternative care for a parent of the military member when the parent is incapable of self-care; to provide care for a parent of the military member on an urgent, immediate need basis; to admit to or transfer to a care facility; or to attend meetings with staff at a care facility, when such care or arrangements are necessitated by the covered active duty or call to covered active duty status of the military member.
- ✓ *Additional activities:* Leave to address other events arising from the military member's covered active duty or call to covered active duty status agreed upon between employer and employee.

(6) *Leave to Care for Covered Service member.* Employees who meet the eligibility requirements for FMLA leave may take up to 26 weeks of leave in a single 12-month period to care for a *covered service member* with a serious injury or illness incurred in the line of duty on active duty, if the employee is the spouse, son, daughter, parent, or "next of kin" of the covered service member. *Covered Service member* is defined as: 1) A current member of the Armed Forces including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness; or 2) A *covered veteran* who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

*Covered veteran* means an individual who was a member of the Armed Forces (including a member of the National Guard or Reserves) and was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran.

*Serious injury or illness* is defined as being incurred by the member in the line of duty on active duty in the Armed Forces, (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and for covered veterans, manifested itself before or after the member became a veteran.

In cases where both husband and wife are employed by Pacesetter Help, they will be limited to a combined total of 26 weeks' leave during the 12-month period if leave is taken for this reason.

### Pay/Benefits

- ✓ Family and medical leave is unpaid leave; however, employees must exhaust all earned, unused PTO before continuing such leave on an unpaid basis. Paid leave runs concurrently with FMLA leave.
- ✓ If you have requested family and medical leave for your own serious health condition, you may be eligible during the unpaid portion of your leave for temporary disability payments under the Pacesetter Health Short Term Disability (STD) Insurance or the Workers' Compensation Act.
- ✓ You will maintain your current seniority and eligibility for PTO accruals and participation in the Pacesetter Health 401(k) plan. If you accrue PTO, you will *not* accrue PTO hours or other benefits while on unpaid leave.
- ✓ Paid days off including holiday pay and bereavement pay, will not be granted during unpaid leave.

### Advance Notice

- ✓ 30 days advance notice is required if your need for family and medical leave is foreseeable (e.g., the birth of child or a planned medical treatment). If you fail to provide 30 days notice for a foreseeable leave, Pacesetter Health may deny leave until 30 days after the date you provide notice.
- ✓ If your need for leave is not foreseeable, you should provide notice within a reasonable time after learning of the need for leave (generally within two business days of learning of the need for leave, except in extraordinary circumstances). Failure to provide such notice, in writing, may be grounds for delaying or denying leave.

### Certification

Employees must provide sufficient information for Pacesetter Health to determine if the leave may qualify for FMLA protection, as well as the anticipated timing and duration of the leave. Vague, ambiguous, or non-responsive information will be considered insufficient. Employees also must inform Pacesetter Health if the requested leave is for a reason for which FMLA leave was previously taken or certified. Refusal or failure to give reasons for requesting FMLA leave or to provide the requested certification may result in the delay or denial of FMLA leave.

Employees will be required to provide a medical certification if the leave request is: 1) for the employee's own serious health condition, 2) to care for a family member's serious health condition, or 3) military caregiver leave. Employees must provide the requested certification within 15 calendar days unless it is not practicable under the particular circumstances to do so despite the employees' diligent, good faith efforts. If the certification is not complete or is insufficient, employees will be required to obtain and provide the additional information necessary to make the certification complete and sufficient. Failure to provide the requested certification in a timely manner may result in delay or denial of the leave. If an employee refuses to provide a certification, his/her leave request may be denied and the employee will adhere to Pacesetter Health's Absenteeism and Tardiness policy in the Pacesetter Health Employee Manual.

If necessary, Pacesetter Health may contact the health care provider directly to clarify or authenticate a medical certification provided by an employee.

Pacesetter Health, at its expense, may require the employee to obtain a second opinion if it has a reasonable question regarding the medical certification provided by the employee. If the second health care provider's opinion differs from the original medical certification, Pacesetter Health, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion.

Separate certification may also be required regarding the nature of the family member's military service and/or the existence of a qualifying exigency, such as active duty orders.

When a leave is requested, Pacesetter Health will notify the employee of the requirement for certification and when it is due. Failure to provide complete and sufficient certification as required may result in the delay or denial of FMLA leave.

### ***Recertification***

Pacesetter Health will require recertification of a medical condition for employee's own serious health condition or to care for a family member every six months in connection with an absence. Recertification may be requested more often under some circumstances, such as with an extension of leave or if circumstances described in the previous certification have changed.

### ***Reporting While on Leave***

If leave is taken because of an employee's own serious health condition or to care for a family member, employees must report periodically on their status and intent to return to work. In addition, employees must give notice as soon as practicable (within two business days if feasible) if the dates of leave change, are extended, or initially were unknown.

### ***Health Benefits***

Coverage under any Pacesetter Health -provided group health plan will be maintained during any leave covered by FMLA to the extent coverage would be maintained if you had been actively at work during the leave period. You are responsible for arranging with Human Resources the payment of the employee portion of any premiums. Failure to pay the employee portion of the premiums within 30 days of the due date will result in cancellation of your enrollment in that plan.

If an employee elects not to return to work for at least four consecutive workweeks at the end of the leave period, he/she will be required to reimburse Pacesetter Health for the cost of the health benefit premiums paid by Pacesetter Health for maintaining coverage during the leave. Pacesetter Health may recover its share of health plan premiums by taking deductions, to the extent permitted by law, from any unpaid wages, PTO pay, or other pay due you, or by initiating legal action. However, you will not be liable for the premiums if your failure to return to work is due to continuation of your own serious health condition or other reasons beyond your control.

### ***Reinstatement***

On return from an approved FMLA leave most employees will be returned to their same position held when leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment. In addition, if health care coverage lapsed because of lack of premium payment, upon return, health care coverage will be restored without preexisting condition, waiting period or medical examination.

Use of an approved family and medical leave will not result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### ***Returning From Leave***

If leave is taken because of an employee's own serious health condition (except when employee is taking intermittent leave), employees are required to provide medical certification that they are fit to resume work. Employees failing to provide the release from their healthcare provider will not be permitted to resume work until it is provided and may no longer be entitled to reinstatement.

Certain rules apply when an employee is released to return to work (with or without restrictions):

1. The employee must provide a release to return to work (with or without restrictions) from the health care provider.

2. If the employee is released to work with no restrictions, the employee will be returned to the same position held prior to the FMLA leave, or one that is equivalent in pay, benefits and other terms or conditions of employment.
3. If the employee is released to work with restrictions, Pacesetter Health will review the employee's situation on an individualized basis to determine if reasonable accommodation of the restrictions can be made. If the employee is released to return to work with restrictions, but has not yet exhausted his/her 12 weeks of FMLA entitlement, the employee may choose to accept whatever job may be offered to meet his/her restrictions or continue on FMLA leave instead.
4. Employees who fail to return to work on the scheduled end date of their approved leave of absence or make a timely request for an extension prior to that date will be considered to have abandoned the job and their employment may be terminated without further notice.
5. If an employee is not released to work at the conclusion of his/her FMLA leave entitlement, he/she may request an extension of leave. There is no guarantee of availability or approval of such leave, but upon request, the Company will engage in an interactive dialogue with the employee and will make an individual determination of what is reasonable based on the specific circumstances of the employee.

#### ***Intermittent and Reduced Schedule Leave***

Leave because of a serious health condition or serious injury or illness may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the usual number of hours worked per workweek or workday) if medically necessary. Leave due to qualifying exigencies may also be taken on an intermittent basis. Intermittent or reduced schedule leave not medically necessary but requested by the employee (such as time to care for a newborn or newly placed child) may be approved at the discretion of Pacesetter Health.

If leave is unpaid, Pacesetter Health will reduce an employee's salary based on the amount of time actually worked. Employees will not be charged FMLA leave for periods during which they are working. FMLA leave will be accounted for in increments of hours for hourly paid employees and in increments of ½ days and days for salaried employees.

Employees who require intermittent leave or reduced leave schedule are encouraged to arrange medical treatments and appointments to minimize work disruption.

An employee requesting non-continuous leave that is foreseeable may be required to transfer temporarily to an available alternative position offered by Pacesetter Health for which the employee is qualified and which better accommodates recurring periods of leave than the regular employment position of the employee. The employee will be entitled to equivalent pay and benefits, but will not necessarily be assigned the same duties in the alternative position.

#### ***Concurrent Leaves of Absence***

FMLA leave runs concurrently with other types of leave (Short Term Disability, Worker's Compensation, etc.). The substitution of paid leave time for unpaid leave time does not extend the 12-week or 26-week leave period.

#### ***State and Local Family and Medical Leave Laws***

Where State or local Family and Medical Leave laws offer more protections or benefits to employees, the protections or benefits provided by such laws will apply.



### ***No Work While on Leave***

While on approved leave, it is expected that employees only engage in those activities that are consistent with the reason for the leave. The taking of another job while on an approved leave of absence is grounds for immediate termination, to the extent permitted by law.

### ***Exemption for Key Employees***

Pacesetter Health may choose not to return highly compensated employees (highest paid 10% of employees at a worksite or within 75 miles of that worksite) to their former or equivalent positions following a leave if restoration of employment will cause substantial economic injury to Pacesetter Health. (This fact-specific determination will be made by Pacesetter Health on a case-by-case basis.) Pacesetter Health will notify employees if they qualify as a "highly compensated" employee, if Pacesetter Health intends to deny reinstatement, and of his/her rights in such instances.

### ***Recordkeeping***

Records and documents relating to certifications, re-certifications or medical histories of employees or employees' family members, created for purposes of FMLA, shall be maintained as confidential medical records in separate files/records from the personnel files.

**For more information about family and medical leave and related leaves, please contact Human Resources.**

## NOTICE TO HEALTH CARE PROVIDERS:

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### Dear Health Care Provider:

Our employee has requested leave under the provisions of federal family and medical leave statutes for his or her own serious health condition; or for caring for a patient (who is a parent, child, or spouse of our employee). In order for Pacesetter Health to determine whether this leave qualifies for family and medical leave under Federal law, please complete the brief Health Care Provider section attached. **Do not release the employee's diagnosis unless authorized by the employee (see "Employee Section" of this form for authorization).** If you have any questions, please phone the Human Resources Department. Thank you for your assistance.

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### *A serious health condition is*

#### **Any illness, injury, impairment or physical or mental condition that involves:**

any period of incapacity or treatment in connection with or consequent to an overnight stay in a hospital, hospice, or residential medical care facility; or

continuing treatment by a health care provider for one or more of the following:

- ✓ any period of incapacity for more than three consecutive calendar days that also involves treatment two or more times or treatment on at least one occasion which results in a regimen of continuing treatment under the supervision of a health care provider.
- ✓ any period of incapacity due to pregnancy, for prenatal care.
- ✓ any period of incapacity due to a chronic serious health condition that:
  - requires periodic visits for treatment;
  - continues over an extended period of time; and
  - may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
- ✓ any period of incapacity which is long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's disease).
- ✓ any period of absence required to receive multiple treatments (including the period of recovery) either for restorative surgery after an accident or other injury, or for a chronic condition such as cancer or kidney disease.

### *A serious health condition is not:*

allergies, stress, or substance abuse unless inpatient hospital care is required, or the patient is incapacitated for more than three calendar days and is under the continuing care of a health care provider, or the patient has a serious long-term health condition; or

voluntary treatment or surgery unless inpatient hospital care is required.

*Department of Labor regulations for the Family and Medical Leave Act define a "health care provider" as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or clinical social worker who is authorized to practice by the State and performing within the scope of their practice as defined by State law.*

**FAMILY AND MEDICAL LEAVE CERTIFICATION**

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Employee: \_\_\_\_\_ Employer: Pacesetter Health \_\_\_\_\_

Patient (if other than employee): \_\_\_\_\_ Relation to employee: \_\_\_\_\_

Begin date of requested leave: \_\_\_\_\_ End date of requested leave: \_\_\_\_\_

Human Resources Contact: Jessica Neill \_\_\_\_\_ Telephone: 314-451-4259 \_\_\_\_\_

If leave is for my own health condition, I authorize my health care provider to provide my diagnosis.

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

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**HEALTH CARE PROVIDER AREA - EMPLOYEE'S SERIOUS HEALTH CONDITION**

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Does this employee have a serious health condition? (See previous page for definition) \_\_\_\_\_ Yes \_\_\_\_\_ No

If authorized, what is employee's diagnosis?

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When did the serious health condition begin?

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Please review the attached job description. Is this employee able to perform the functions of his or her job?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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If intermittent leave or a reduced work schedule is being considered, is it medically necessary?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", please describe the recommended schedule.

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What is the anticipated return to work date?

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**\*\*IF LEAVE IS BECAUSE OF A SERIOUS HEALTH CONDITION OF FAMILY MEMBER\*\***

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Does employee's family member have a serious health condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

(See previous page for definition)

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When did the serious health condition begin?

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Is the employee's presence necessary or would it be beneficial to the patient? \_\_\_\_\_ Yes \_\_\_\_\_ No

(This may include psychological comfort and/or arranging for third-party care for the family member.)

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If intermittent leave or a reduced work schedule is being considered, is it medically necessary?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", please describe the recommended schedule.

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What is the anticipated return to work date?

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Name of Health Care Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address of Health Care Provider: \_\_\_\_\_

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Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

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**FAMILY AND MEDICAL LEAVE RETURN TO WORK CERTIFICATION**

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Employee: \_\_\_\_\_ Company: Pacesetter Health

Position: \_\_\_\_\_

Human Resources Contact: Jessica Neill Phone: 314-451-4259

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**Health Care Provider Section**

**Please complete the following and return prior to the return to work date.**

Please review the attached job description. Is the employee able to perform all the functions of his or her job?

\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ Yes, with restrictions or accommodations.

Please list any restrictions or describe accommodations which the company should consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the restrictions:    \_\_\_\_ Permanent    \_\_\_\_ Temporary, until (date): \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee is released to return to work effective (date): \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

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**RECORD OF REDUCED WORK/INTERMITTENT LEAVE SCHEDULE FOR EXEMPT EMPLOYEES**

*(Executive, Administrative, and Professional Employees)*

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\_\_\_\_\_ 's schedule during the period \_\_\_\_\_ to \_\_\_\_\_ will be as follows: \_\_\_\_\_

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\_\_\_\_\_ understands that if it becomes necessary to request a further schedule change because of the nature of the serious health condition necessitating the need for family and medical leave, he/she will give Pacesetter Health as much notice as possible and support the requested change with medical certification, if requested by his/her supervisor.

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Employee: \_\_\_\_\_ Position: \_\_\_\_\_

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Manager: \_\_\_\_\_

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_