

**Certification of Health Care Provider for
Employee's Medical Leave of Absence
Mattress Firm Personal Leave**

This form is required for any Employee who is not eligible for Leave of Absence under the Family and Medical Leave Act (FMLA). It is for Medical Leave of Absences that may stretch beyond 30 days.

PART B: AMOUNT OF LEAVE NEEDED:

1. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ____ No ____ Yes.
2. If so, estimate the beginning and ending dates for the period of incapacity: _____
****Note** A Personal Leave will not be approved without out minimally providing an estimated period of incapacity.**
3. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?:
____ No ____ Yes
4. Is it medically necessary for the employee to be absent from work during the flare-ups? ____ No ____ Yes. If so, explain:

ADDITIONAL INFORMATION (IF APPLICABLE):

Signature of Health Care Provider: _____ Date: _____