

FMLA Certification Support Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

An FMLA certification support note is the documentation a clinician prepares when a US employer requests certification of a serious health condition: the WH-380-E entries plus the chart note behind them. The certification requirement is law (29 CFR 825.305); the form is optional, and 29 CFR 825.306 caps what an employer may ask.

1 • Provider identification and qualifying status the signer must satisfy 29 CFR 825.125

Do: give name, contact details, credential, and specialty; clinical psychologists and clinical social workers are expressly recognized signers.

Pitfall: signing as "therapist"; counselor and MFT licenses are not named categories and may need employer or group-plan acceptance.

2 • Condition onset and probable duration keep two clocks apart

Do: date the condition's onset and duration separately from the present incapacity or leave need; recurrent conditions run in years, episodes in days.

Pitfall: one duration doing both jobs; in *Hansler* (3d Cir. 2015) a lone one-month entry muddled the chronic-condition theory.

3 • Appropriate medical facts diagnosis optional, facts required

Do: describe functional consequences, treatment needs, and incapacity; a diagnosis is one possible fact, not a universal federal requirement.

Pitfall: pasting chart content; nothing in the regulation requires progress notes, psychotherapy notes, or a diagnostic history.

4 • Essential job functions affected anchor the opinion to the job

Do: name the functions the employee cannot perform, from the employer's list or the job description.

Pitfall: a bare "unable to work" when only some duties are affected; unanchored statements are easier to challenge.

5 • Leave schedule and estimates bounded ranges, never "as needed"

Do: for intermittent leave, estimate episode frequency and duration (one to two per month, two to three days each); estimates are permitted, certainty is not expected.

Pitfall: "as needed"; an unbounded answer can be treated as vague or nonresponsive and triggers the seven-day cure cycle.

6 • Signature, routing, and the disclosure log close the loop on paper

Do: sign with credentials, return the form to the client or the employer's process, and log what was released and who may call to clarify.

Pitfall: mailing the form to the Department of Labor; DOL neither receives nor approves certifications, and misrouting burns the 15-day window.

Before you sign

- ☐ Frequency and duration are bounded estimates
- ☐ Condition duration separate from episode duration
- ☐ Impact tied to named job functions
- ☐ Only certification-scope content released
- ☐ Routing and authorization logged
- ☐ Signed with credentials and dated

Drafting with AI

Give it chart bullets or a dictation; ask for the support note and a pre-sign check against the certification elements.

"Draft the FMLA support note from these bullets: onset, medical facts, functional impact, bounded estimates; flag any missing 825.306 element: ..."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

150 to 400 words
typical length

20 to 45 min by hand
clinical team estimate

When certification is requested
employee has 15 days

HR · leave administrators
who reads it

FMLA & Leave Certification Support Note Template

Copy or print for your practice - Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Worksheet mirroring the WH-380-E elements. The official DOL form, or the employer's own form, is the document you return; this support note stays in your chart and backs every entry on it.

Client (initials): _____ Date of note: _____ Clinician and credential: _____

Qualifying status (29 CFR 825.125)

The title "therapist" alone does not establish qualifying status

☐ Clinical psychologist ☐ Clinical social worker ☐ Other provider accepted by employer or plan

Practice type or specialty: _____

Condition and duration

Two clocks: the underlying condition and the present leave need

Approximate onset: _____ Probable duration of condition: _____

Duration of present leave need: _____

Medical facts supporting leave (diagnosis optional)

Limit to facts supporting this leave: functional impact, treatment needs, episode pattern

Facts supporting leave: _____

Essential job functions affected

From the employer's list or job description; avoid a bare "unable to work"

Functions affected: _____

Leave schedule (best estimates, never "as needed")

Estimates are permitted; certainty is not expected

☐ Continuous ☐ Intermittent or reduced schedule, medically necessary

Start date: _____ End date: _____

Episodes per month: _____ Days per episode: _____

Planned treatment schedule: _____

Routing and disclosure log

Return to the client or the employer's process, never the Department of Labor

☐ Returned to client ☐ Returned to employer process ☐ Form only released ☐ Authorization on file

Date sent: _____ Also released: _____

Clinician signature / credentials: _____ Date signed: _____