

## **DEMAND FOR MEDICAL CERTIFICATION:**

\_\_\_\_\_ 3971/3972

\_\_\_\_\_ Medical Documentation submitted by employee.

\_\_\_\_\_ Supervisors statement for need of certification.

\_\_\_\_\_ Copy of doctor bills/visit/out of pocket expenses. Receipts.

\_\_\_\_\_ Grievant's statement.

\_\_\_\_\_ Travel cost and other related expenses. (To and from doctor) Mileage.

\_\_\_\_\_ 2608

\_\_\_\_\_ Witness statements.

\_\_\_\_\_ Ask for OT payment for time spent off clock to get certification.

\_\_\_\_\_ Look in Manuals:

\_\_\_\_\_ FMLA/OWCP protected?

\_\_\_\_\_ Exhibit form. Number all documents.

\_\_\_\_\_ Request copies of any related discipline or AWOL charges/

\_\_\_\_\_ Document any other employee treated more favorably.

\_\_\_\_\_ Supervisors notes.