

## ATTACHMENTS

- Attachment 1      **Employee Rights and Responsibilities Under the Family and Medical Leave Act (WHD Publication 1420)**  
*Please note: a copy of this poster can be downloaded from <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>.*
- Attachment 2      **Certification of Health Care Provider for Employee’s Serious Health Condition (Family and Medical Leave Act) (Form WH-380-E)**  
*Please note: a copy of the certification form can be downloaded from <http://www.dol.gov/whd/forms/WH-380-E.pdf>.*
- Attachment 3      **Certification of Health Care Provider for Family Member’s Serious Health Condition (Family and Medical Leave Act) (Form WH-380-F)**  
*Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-380-F.pdf>.*
- Attachment 4      **Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act) (Form WH-381)**  
*Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-381.pdf>.*
- Attachment 5      **Designation Notice (Family and Medical Leave Act) (Form WH-382)**  
*Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-382.pdf>.*
- Attachment 6      **Certification of Qualifying Exigency for Military Family Leave (Family and Medical Leave Act) (Form WH-384)**  
*Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-384.pdf>.*
- Attachment 7      **Certification for Serious Injury or Illness of Covered Servicemember—for Military Family Leave (Family and Medical Leave Act) (Form WH-385)**  
*Please note: a copy of this form may be downloaded from <http://www.dol.gov/whd/forms/WH-385.pdf>.*