



PFML Bwat Zouti Founisè Swen Sante

Konje Peye pou Fanmi ak Konje Maladi, oswa PFML, se yon pwogram benefis Commonwealth la ofri bay anplwaye Massachusetts yo. Gid sa a pral ede w konprann pwogram nan ak pwosesis aplikasyon an.



Paid Family &
Medical Leave
MASSACHUSETTS

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- 05** Kisa ki aktivite swen yo?
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“Kisa ki PFML?”

PFML se yon pwogram Commonwealth ki fèt pou bay anplwaye Massachusetts resous pou yo jere pwòp kondisyon sante grav yo, pwoblèm sante grav yon manm fanmi, zafè yon manm fanmi k ap sèvi nan lame aktivman, oswa pou yo kreye lyen ak yon timoun.

PFML bay anplwaye ki kalifye yo ranplasman revni tanporè.

Anplis de sa, anplwaye ki kalifye yo gen dwa a sèten pwoteksyon travay. Lè yon anplwaye retounen sot nan konje li, patwon li oblije re-enstale l nan pozisyon li te okipe anvan li te pran konje a, oswa nan yon pozisyon ki gen menm sitiyasyon salè, menm benefis sosyal, menm kredi ansyènte ak menm ansyènte.

FMLA konpare ak PFML

Lwa sou Konje Fanmi ak Konje Maladi (FMLA)





- Yon lwa **federal**
- Aplikap pou biznis ki gen **50 anplwaye oswa plis**
- Anplwaye yo kalifye si yo te travay pou omwen **12 mwa** epi yo te travay **1,250 èdtan**
- Patwon an pa responsab pou okenn kontribisyon
- Benefis yo bay yo gen ladan pwoteksyon travay ak konje fanmi ak malady **san peye**

Konje Peye pou Fanmi ak Konje Maladi (PFML)

- Yon lwa yon Eta
- Aplikap pou biznis ki gen 10 oswa plis anplwaye
- Anplwaye Yo elijib si yo satisfè kondisyon salè yo www.mass.gov/pfmlearnings
- Anplwayè a responsab kolekte epi voye Kontribisyon an nan non anplwaye a Bay PFML
- Benefis ki bay yo enkli pwoteksyon djòb, ak konje fanmi ak malady peye



66 Ki tip konje ki disponib?

Konje fanmi		Konje Maladi
Jiska 12 semèn	Jiska 26 semèn	Jiska 20 semèn
 <p>Konje fanmi pou kreye lyen ak yon timoun</p> <p>Konje pou kreye lyen ak pititt moun ki gen pwoteksyon a pandan premye 12 mwa apre nesans timoun nan oswa premye 12 mwa apre plasman timoun nan pou adopsyon oswa fostè care (swen adoptif) ak moun ki gen pwoteksyon a.</p>  <p>Konje fanmi po upran swen yon fanmi ki gen yon pwoblèm sante grav</p> <p>Konje pou pran swen yon manm fanmi ki gen pwoblèm sante grav. Aktivite yo gen ladann:</p> <ul style="list-style-type: none"> • Bay bezwen lavi chak jou ke manm fanmi an pa kapab travay akòz pwoblèm sante grav yo • Bay sipò transpò pou pwoblèm sante mantal grav • Ede fè aranjman pou chanjman nan swen sante 	 <p>Konje pou regle zafè manm militè k ap sèvi</p> <ul style="list-style-type: none"> • Konje pou jere zafè yon manm fanmi ki an sèvis aktif oswa ki resevwa yon òdonans k ap vini nan sèvis aktif nan Fòs Lane yo oswa pou pran swen yon manm fanmi ki se yon manm sèvis ki gen pwoteksyon ki te blese pandan li te nan sèvis aktif. • Konje pou jere zafè yon manm sèvis ki garanti a se pou yon total de 12 semèn epi li konte nan alokasyon 12 semèn pou konje fanmi an. 	 <p>Konje pou jere yon pwoblèm sante grav</p> <p>Konje maladi pou jere pwòp pwoblèm sante pa w.</p>



Kisa ki wòl mwen kòm founisè swen sante?

Yon founisè swen sante se yon moun ki gen lisans Eta a, Commonwealth la, teritwa a oswa peyi kote moun nan pratike medikaman, operasyon, dantis, kiwopratik, podyat, fanmsaj oswa osteopati.

Sa gen ladann: podyat, dantis, klinik sikològ, optometris, kiropratisyen, enfimye pratikan, enfimye fanmsaj, klinik travayè sosyal, asistan doktè, ak pratikan syans kretyen ki nan lis First Church of Christ, Syantis nan Boston, Massachusetts.

Founisè swen sante jwe yon wòl kritik nan:

- Enfòmasyon pasyan yo ak fanmi yo sou benefis PFML yo jis nan pwèn swen an, lè epi kote yo bezwen li
- Ede pasyan yo ak fanmi yo konprann kijan benefis PFML yo ka ede yo ak rekiperasyon yo ak sante fanmi yo
- Bay pasyan yo ak fanmi yo sètifikasyon oswa dokiman ki nesèsè yo

Pwosesis Aplikasyon an

Aplikasyon pou Konje Maladi


Yon pati nan aplikasyon yon anplwaye se fòm [Sètifikasyon Pwoblèm Sante Grav Ou](#) an. Oumenm, antanke founisè medikal la, w ap dwe konfime:

- Ou gen yon pwoblèm sante grav pasyan epi kijan li afekte kapasite w pou ou travay
- Dire ak frekans konje a - ou sèlman dwe bay yon estimasyon
- Bezwen pasyan ki prevwa a pou evènman medikal, tankou konje maladi ki pral pran anvan oswa apre nesans pitit la
- Kondisyon poutè fos kouch, tibebe ki akouche tou mouri oswa depresyon perinatal ki anpeche pasyan w travay

Aplikasyon pou Konje pou Fanmi

Yon pati nan aplikasyon yon anplwaye se fòm [Sètifikasyon Pwoblèm Sante Yon Moun nan Fanmi w](#) wlan. Ranpli fòm sa a pou konfime ke:

- Pasyan ou gen yon pwoblèm sante grav epi esplike kijan sa enpakte kapasite li pou okipe tèt li
- Dire ak frekans konje a - ou sèlman bezwen bay yon estimasyon
- Aktivite pasyan yo ka bezwen yon moun ede yo fè, tankou kondwi ale nan randevou oswa manje repa ak pran medikaman yo



“Kisa ki yon pwoblèm sante grav?”

Yon pwoblèm sante grav se yon pwoblèm fizik oswa mantal ki anpeche yon pasyan fè travay li pandan plis pase 3 jou konplè youn dèyè lòt, epi ki egzije youn nan kondisyon sa yo:

- 2 tretman oswa plis yon founisè swen sante (an pèsòn oswa pandan vizit telesante) nan 30 jou kalandriye apre enkapasite pou fè devwa y
- Pase nwit nan yon lopital, ospis oswa etablisman sante
- Omwen yon tretman pa yon founisè swen sante nan 30 jou nan enkapasite pou fè travay, ak plan pou tretman kontinye, ki gen ladan preskripsyon

Pwoblèm sante grav ka genten ladann:

- Maladi kwonik tankou opresyon oswa dyabèt, ki anpeche pasyan an travay yon pati nan tan an, ki dire pou yon sèten peryòd tan epi ki mande pou ale kay doktè plis pase de fwa pa ane
- Pwoblèm sante pèmanan oswa alontèm, tankou maladi Alzaymè a, konjesyon serebral oswa kansè nan faz final, ki pa toujou geri epi ki mande atansyon konstan, men se pa nesèsman tretman aktif. Pa egzanzp: lè yon moun nan ospis.
- Eta sante ki mande plizyè tretman, tankou chimyoterapi, dyaliz ren oswa fizyoterapi apre yon aksidan
- Pwoblèm sante akòz gwosès oswa rekiperasyon apre akouchman ki anpeche pasyan an travay, jan yon founisè swen sante sètifye
- Pwoblèm sante akòz fos kouch, mortinatalite oswa depresyon perinatal ki anpeche pasyan ou travay
- Maladi abize sisbtans si pasyan an ap trete pa yon founisè swen sante, pa yon founisè sèvis sante sou rekòmandasyon yon founisè swen sante, oswa pa yon pwogram Depatman Sante Sante Piblik Massachusetts apwouve
- Konplikasyon ki gen rapò ak yon dyagnostik COVID-19 ki anpeche pasyan an travay, sètifye pa yon founisè swen sante

Pwoblèm sante grav ka gen ladann:

- Operasyon kosmetik pa garanti anba konje pou fanmi oswa konje medikal, sof si swen lopital nesèsè oswa konplikasyon rive



Kisa aktivite swen nan konje yo ye?

Lè w ap pran swen yon manm fanmi ki gen yon pwoblèm sante grav, aktivite yo ka gen ladann, men pa sèlman sa:

- Satisfè bezwen lavi chak jou ke manm fanmi an pa ka akonpli akòz kondisyon sante grav yo, pou egzanp ede yo abiye oswa prepare manje
- Bay transpòtasyon doktè oswa lòt enstalasyon pou randevou ak tretman
- Bay sipò pou moun ki gen yon maladi mantal grav, pa egzanp lè w akonpaye yo nan randevou terapi oswa pran medikaman pou gwo depresyon
- Ede nan fè aranjman pou chanjman nan swen, pou egzanp nan ka transfere nan yon mezon retrèt

A Yon paysan ka pran tan nan travay po upran swen yon manm fanmi nan plizyè varyete sitiyasyon:

- Si paran pasyan an gen yon ranplasman anch epi li bezwen èd pou ale ak soti nan terapi fizik, yo ka pran yon konje redwi epi travay mwens èdtan pa jou oswa mwens jou pa semèn pou ede l
- Si patnè pasyan an sibi operasyon ki te swiv pa yon rekipasyon long pandan ke yo pa pral kapab douch san asistans, yo ka pran jiska 12 semèn nan konje kontinyèl pou ede
- Si pitit yon pasyan ap sibi chimyoterapi epi li gen kè plen, feblès ak doulè, yo ka pran konje tanzantan pou pran swen yo





Ki dokiman mwen gen pou m konplete?

Fòm Sètifikasyon Pwoblèm Sante Grav Ou



- Pou pasyan k ap reklame konje maladi pou jere pwòp pwoblèm maladi grav pa yo

Fòm Sètifikasyon Pwoblèm Sante Grav Manm Fanmi ou



- Pou pasyan k ap reklame konje maladi pou pran swen yon manm fanmi ak yon pwoblèm sante grav
- Pou pasyan k ap reklame konje maladi pou pran swen yon manm fanmi ak yon pwoblèm sante grav ki garanti

Fòm Sètifikasyon Pwoblèm Sante Grav Ou

1 Employee Applying for Paid Medical Leave Instructions ► Complete this section with your own information. The DFML will use Section 1 to match this certification to the rest of your application for paid leave.

1 Your name: First: Last:

2 (If different) Your name as it appears on official documents like a driver's license or W-2: First: Middle: Last:

3 Phone #: - -

4 Date of birth: / /

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN):

6 Occupation:

2 Patient's Serious Health Condition Instructions ► This form should be filled out by the employee's health care provider. For the employee to qualify for paid leave, the patient must have a serious health condition. Answer all questions fully and completely.

7 Which of the following apply to the patient's serious health condition? Check all that apply; this includes mental health.

<input type="checkbox"/> Requires, or did require inpatient care.	<input type="checkbox"/> Is chronic, requires treatments at least twice a year, and may require periodic absences.
<input type="checkbox"/> Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days, AND (pick one)	<input type="checkbox"/> Is long-term and requires ongoing medical supervision, with or without active treatment.
<input checked="" type="radio"/> Requires two or more medical visits within 30 days.	<input type="checkbox"/> Requires multiple treatments and would lead to a period of incapacity without treatment.
OR	<input type="checkbox"/> None of the above.
<input checked="" type="radio"/> Requires one medical visit, plus a regimen of care.	

◀ If none apply, the patient is not eligible for PFML.

o1 Seksyon 1: Anplwaye K ap Aplike pou Konje Maladi Peye

Se responsablite anplwaye a, pasyan ou, ki mande konje peye pou ranpli Seksyon 1.

o2 Seksyon 2: Pwoblèm Sante Grav Pasyan a

Oumenm, Kòm yon founisè swen sante, ou dwe ranpli seksyon 2 jiska 5.

Nan Seksyon 2, konfime pasyan ou a gen yon pwoblèm sante grav epi presize kritè ki aplikab yo.

8 Provide appropriate medical facts about the patient's serious health condition (e.g., symptoms, prescriptions, referrals for evaluation or treatment):

9 State at least one essential job function the patient is unable to perform due to their serious health condition (e.g., specific tasks like sitting at a computer, performing manual labor, making decisions, or the ability to work at all)

10 Is this serious health condition a job-related injury?
 Yes No

11 Is the patient's serious health condition related to pregnancy or recovery from childbirth?
 Yes No If yes, how much time will the patient need?

- The patient will need approximately _____ weeks for pregnancy or prenatal care.
- The patient will need approximately _____ weeks for recovery from childbirth or postnatal care.

12 When is the expected delivery date: _____ / _____ / _____

Medical leave for pregnancy, prenatal care, or recovery from childbirth must meet the definition of a serious health condition.

Taking Medical Leave does not impact a patient's ability to take Family Leave to bond with their child, provided that the number of weeks taken for leave does not exceed the 26-week maximum in a benefit year. There is no form needed to take family leave to bond with a child- just proof of birth. [Learn more.](#)

Seksyon 2: Pwoblèm Sante Grav Pasyan a (Kontinye)

Detay pwoblèm medikal grav pasyan ou a, ki gen ladan rejim swen an, fonksyon pasyan an pa kapab fè, ak nenpòt lòt detay ki enpòtan.

Konfime si se yon aksidan ki gen rapò ak travay oswa gwosès oswa rekiperasyon apre akouchman. Estime kantite semèn li pral pran pou refè apre gwosès ak/oswa akouchman.

03 Seksyon 3: Estimasyon Detay Konje a

Bay pibon estimasyon ou sou kalite konje ki pral bezwen: kontinyèl, redwi, tanzantan, oswa yon konbinezon de twa yo.

Konje Kontinyèl

Konje ki pran apentant san entèripsyon

Konje Redwi

Yon Orè regilye men mwens pase orè travay nòmal anplwaye a

Konje Tanzantan

Konje ki pran an plizyè mòso ki ka iregilye oswa ki pa t prevwa

Paid Medical Leave | Certification of Your Serious Health Condition Page 5

Employee Your Name: _____

Health care provider

3 Estimate Leave Details

Instructions ▶ The following questions are about the frequency or duration of a condition. Check all that apply to the patient's condition but you must provide your **best estimate** of the start and end dates and the duration based on your medical knowledge, experience, and examination of the patient.

13 **Continuous Leave:** Due to the condition, the patient is/will be incapacitated for a continuous period of time (completely unable to work for consecutive, uninterrupted days).
 Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.
 Do not use terms like "unknown" or "TBD" as it may result in delays and revisions to the form.

14 **Reduced Leave:** Due to the condition, it is medically necessary for the patient to work a reduced but consistent schedule.
 Provide your **best estimate** of the reduced schedule the patient is able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) the patient is able to work: (e.g., 5 hours/day, up to 25 hours a week) _____.
 Do not use terms like "unknown" or "TBD" as it may result in delays and revisions to the form.

15 **Intermittent Leave:** Due to the condition, it is medically necessary for the patient to be absent from work on an intermittent basis (multiple episodes of time off, which may be irregular or unexpected). Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.
 From roughly _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) (over the next 6 months), episodes of incapacity are estimated to occur _____ times per (day/ week/ month) and are likely to last approximately _____ (hours/ days) per episode.
 Do not use terms like "unknown" or "TBD" as it may result in delays and revisions to the form.

4 Provider's Certification & Information

Instructions ▶ Sign and date to agree to this declaration. Provide the relevant licensing and contact information about your practice or business. Before returning the form, review **Pages 3-6**.



I certify that the information provided in this form is true and correct, that I have examined the patient and answered the questions accurately and to the best of my ability, and that I am a health care provider authorized to certify their condition.

See **page 2** for the definition of a health care provider.

16 Signature: _____ Date: / /

17 Printed name and title:
Name: _____
Title: _____

18 Certificate/license to practice number: _____ State/Country: _____
Note ▶ The form will **not** be accepted unless a license number is provided.

19 Area of practice or medical specialty: _____

20 Name of your practice or business: _____

21 Address: _____

22 Office phone #: - -

23 Office fax #: - - (optional)

o4

Seksyon 4: Sètifikasyon ak Enfòmasyon Founisè a

Bay enfòmasyon sou sètifikasyon ou, domèn pratik, oswa espesyalite medikal ou. Yo p ap aksepte fòm nan si yo pa bay nimewo lisans lan.

Fòm Sètifikasyon Pwoblèm Sante Grav Yon Manm Fami w

1 Employee Applying for Family Caring Leave

Instructions ▶ Complete **Section 1** with your own information.

1 Your name:
First: _____ Last: _____

2 (If different) Your name as it appears on official documents like a driver's license or W-2:
First: _____ Middle: _____ Last: _____

3 Phone #: - -

4 Date of birth: / /

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN):

6 Why are you applying for leave?
 To care for a family member with a serious health condition
 To care for a family member with a serious health condition related to military service

7 Occupation: _____

If you are applying for your own serious health condition, this is not the correct form. You need the **Certification of Your Serious Health Condition**.

o1

Seksyon 1: Anplwaye K ap mande Konje Maladi Peye

Anplwaye k ap aplike pou konje peye pou pran swen pasyan ou a ta dwe ranpli Seksyon 1.

2 Family member information

Instructions ▶ Complete **Section 2** with your family member's information. DFML needs to know your relationship with the patient to certify leave eligibility.

8 The family member who is experiencing a serious health condition is my:
 Child
 Spouse or domestic partner
 Parent, or guardian who legally acted as my parent when I was a child
 Parent of my spouse or domestic partner
 Sibling
 Grandchild
 Grandparent

9 Family member's name:
First: _____ Last: _____

For more detailed definitions of what family members fall into each of these categories see www.mass.gov/family-caring-leave-relationships

o2

Seksyon 2: Enfòmasyon Sou Manm Fanmi an

Anplwaye a ta dwe antre enfòmasyon sou manm fanmi yo, pasyan ou, pou ranpli Seksyon 2.

10 Family member's name as it appears on official documents such as a driver's license or insurance documents (if different):

First: _____ Middle: _____ Last: _____

11 Family member's address:

Street: _____

Address line 2: _____

City: _____


State: [] [] Zip: [] [] [] [] [] [] Country: _____

Where your family member lives does not affect your eligibility. You can take paid family leave to care for a family member with a serious health condition no matter where they are.

12 Family member's date of birth:

[] [] / [] [] / [] [] [] []

13 Authorization:

 I authorize The Department of Family and Medical Leave (DFML) to use the information on this form to determine my eligibility for Paid Family and Medical Leave. I attest that I am applying for paid leave to care for a family member with a serious health condition, and I agree that DFML can share this information with my employer, and employer affiliates, for the purpose of supporting my application for leave.

I certify that I have the authorization of the above-named family member to provide the information contained within this certification to the Department for purposes of determining my eligibility for paid family leave.

Employee Signature: _____ [] [] / [] [] / [] [] [] []

o2 Seksyon 2: Enfòmasyon sou Manm Fanmi an (Cont.)

Anplwaye a ta dwe antre enfòmasyon sou manm fanmi yo, pasyan ou, pou ranpli Seksyon 2

Employee applying for leave: _____

Health Care Provider Certification of a Serious Health Condition

3 Family Member's Serious Health Condition

Instructions ► This form should be filled out by the **healthcare provider of the patient**. The patient is the family member of the employee. The patient must have a serious health condition for the employee to qualify for paid leave to care for them. Answer all questions fully and completely.

14 Which of the following apply to the patient's serious health condition? Check all that apply; this includes mental health.

<input type="checkbox"/> Requires, or did require inpatient care.	<input type="checkbox"/> Is chronic, requires treatments at least twice a year, and may require periodic absences.
<input type="checkbox"/> Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days, AND (pick one)	<input type="checkbox"/> Is long-term and requires ongoing medical supervision, with or without active treatment.
<input type="radio"/> Requires two or more medical visits within 30 days.	<input type="checkbox"/> Requires multiple treatments and would lead to a period of incapacity without treatment.
OR	<input type="checkbox"/> None of the above.
<input type="radio"/> Requires one medical visit, plus a regimen of care.	

If none apply to the patient, the employee is not eligible for PFML.

15 Is this health condition related to the patient's military service?
 Yes No

16 Describe the relevant medical facts and appropriate information related to the condition for which the patient needs care.

Medical facts may include symptoms, prescriptions, or referrals for evaluation or treatment.

17 Will the employee be required to take time off work to care for the patient?
 Yes No

18 Describe the kinds of care related to the patient's condition that the employee will provide.

Examples of care may include providing medical, hygienic, nutritional or safety needs that the patient is unable to perform themselves, e.g. transportation to the doctor.

o3 Seksyon 3: Pwoblèm Sante Manm Fanmi a

Oumenm, kòm founisè swen sante a, ta dwe ranpli Seksyon 3 jiska 5.

Nan Seksyon 3, konfime pasyan ou a gen yon pwoblèm sante grav epi ki kritè ki aplike.

Estime lè kondisyon an te kòmanse epi si li gen rapò ak sèvis militè pasyan an.

Remake nenpòt enfòmasyon medikal enpòtan sou pasyan ou a ki montre ke yo pral bezwen swen.

Employee Employee applying for leave:

4 Estimate Leave Details

Instructions ▶ The following questions are about the frequency or duration of a condition. Check all that apply to the patient's condition but you must provide your best estimate of the start and end dates and the duration based on your medical knowledge, experience, and examination of the patient.

- 19 **Continuous Leave:** Due to the condition, the patient is/will be incapacitated and will need care from the employee for a continuous period of time (employee is completely unable to work for consecutive, uninterrupted days).

Provide your **best estimate** of the beginning date (mm/dd/yyyy) and end date (mm/dd/yyyy) for the period of incapacity.

Do not use terms like "unknown" or "TBD" as it may result in delays and revisions to the form.

- 20 **Reduced Leave:** Due to the patient's condition, it is medically necessary for the employee to work a reduced but consistent schedule.

Provide your **best estimate** of the reduced schedule the employee is able to work. From (mm/dd/yyyy) to (mm/dd/yyyy) the patient is able to work: (e.g., 5 hours/day, up to 25 hours a week).

Do not use terms like "unknown" or "TBD" as it may result in delays and revisions to the form.

- 21 **Intermittent Leave:** Due to the condition, it is medically necessary for the employee to be absent from work on an intermittent basis to care for the patient (multiple episodes of time off, which may be irregular or unexpected). Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

From roughly (mm/dd/yyyy) to (mm/dd/yyyy), (over the next 6 months), episodes of incapacity are estimated to occur times per (day/ week/ month) and are likely to last approximately (hours/ days) per episode.

Do not use terms like "unknown" or "TBD" as it may result in delays and revisions to the form.

04

Seksyon 4: Estimasyon Detay Konje a

Bay pi bon estimasyon ou sou ki kalite orè konje yo pral bezwen: kontinyèl, redwi, tanzantan, oswa yon konbinezon de twa yo.

Konje Kontinyèl
Konje apentan ki pran san entèripsyon

Konje Redwi
Orè ki konsistan men ki mwens pase orè travay regilye yon anplwaye

Konje Tanzantan
Konje pran nan peryòd tan separe akòz yon sèl rezon ki kalifye

Employee Employee applying for leave:

5 Provider's Certification & Information

Instructions ▶ Sign and date to agree to this declaration. Provide the relevant licensing and contact information about your practice or business. Before returning the form to the employee, review to be sure you have signed it.



I certify that the information provided in this form is true and correct, that I have examined the patient and answered the questions accurately and to the best of my ability, and that I am a health care provider authorized to certify their condition.

See page 2 for the definition of a healthcare provider.

22 Signature: Date: m m / d d / y y y y

23 Printed name and title: Name: Title:

24 Certificate/license to practice number: State/Country:

Note ▶ The form will not be accepted unless a license number is provided.

25 Area of practice or medical specialty:

26 Name of your practice or business:

27 Address:

28 Office phone #: - -

29 Office fax #: - - (optional)

05

Seksyon 5: Sètifikasyon ak Enfòmasyon Founisè a

Bay enfòmasyon sou sètifikasyon ou, ak domèn Pratik oswa espesyalizasyon medikal. Yo p ap aksepte fòm nan, sof si yo bay yon nimewo lisans



“Èske fòm ta konnen lòt bagay?”

Èske paysan mwen yo kapab konbine konje malady ak konje pou kreye lyen ak timoun?

Yon fanm ansent ka kalifye pou konje medikal pandan oswa apre gwosès li si li soufri ak yon pwoblèm sante grav epi founisè swen sante li sètifye ke li pa kapab travay akòz pwoblèm sante grav sa a.

Si, kòm yon moun k ap bay swen, ou kwè li bezwen pran konje medikal pandan oswa apre gwosès li anplis de 12 semèn konje familyal pou pran swen yon timoun, w ap bezwen ranpli yon fòm atestasyon sou eta sante grav ou pou ou. pasyan.

Paran byolojik la dwe premye mande konje medikal anvan li mande konje familyal pou li pi pre yon timoun. Lè sa a, yo ka ale sou Entènèt oswa rele Sant Kontak DFML nan (833) 344-7365 pou inisyè yon demann pou konje familyal pou fè lyezon ak yon timoun.

Èske pasyam yo kapab pwolonje konje a, e èske fòm ranpli fòm la ankò?

Si pasyan ou gen plan pou pwolonje konje yo, li dwe notifye DFML nan nan trant (30) jou apre dat fen konje yo epi enfòmè patwon yo nan moman sa a.

Founisè swen sante yo ka konfime ekstansyon an lè l sèvi avèk menm fòm lan si yo depoze nan dat limit sa a. Si pasyan ou a soumèt demann li apre 30 jou, yo pral bezwen soumèt yon nouvo demann epi fè yon nouvo fòm medikal ranpli pa ou.

[Fòm Enfòmasyon Nouvo ak Paran ki annatant](#)



DFML
MA Department of
Family and Medical Leave



Telefòn

Depatman Konje Fanmi ak Konje Maladi
Sant Kontak PMFL

833-344-PFML (7365)

Entènèt

mass.gov/dfml