



Certification by Medical Practitioner (PART B)

Please reference the links below using Firefox as the preferred web browser to obtain the appropriate medical certification. All items must be completed. Attach additional pages, if necessary. Hard copy forms are available upon request.

Certification of Healthcare Provider for a Serious Health Condition

- [**Employee's serious health condition, form WH-380-E**](#) – use when a leave request is due to the medical condition of the employee.
- [**Family member's serious health condition, form WH-380-F**](#) – use when a leave request is due to the medical condition of the employee's family member.

Location to send completed forms:

- Provider: Fax to 704-687-5254
- Employee: Use the secure method below:
 - Click [here](#) for directions to submit medical documentation
 - Fax: 704-687-5254
 - Mail: Human Resources Department - Benefits, 9201 University City Boulevard, Charlotte, NC 28223-0001