

Federal Occupational Health Case Transmittal

Department of Health and Human Services
A105156 S114824 W114830

Federal Occupational Health Services, Bethesda, MD FAX number 301-594-3321

Form MEP-TS 051910

FOH Use Only

New case number

Previous case number

MP INIT

This Form Must Accompany Each Medical Review Request

This form is used to submit your medical review request to Federal Occupational Health (FOH) Services when you or your manager may require a recommendation from the FOH on (1) when and how much Family Medical Leave (Family Medical Leave Act (FMLA)) is needed or (2) your ability to perform the essential functions of your position as it relates to your medical condition (Reasonable Accommodations (RA)). This form provides FOH with the information needed to begin to process your medical review request and provide a recommendation to your manager. Please fill out this form in its entirety. FOH will review your request and provide a recommendation back to your IRS Point of Contact (POC). IRS has designated 6 (six) Labor Relations Assistants to handle FMLA requests and 25 Reasonable Accommodation Coordinators to handle ergonomic and reasonable accommodation requests. Your IRS POC will forward the FOH recommendation to your manager, who will then make the final determination on your request. You can find your IRS POC by using the information provided in Section 4.

SECTION 1 Employee Information

Name of employee (<i>Last, First, Middle Initial</i>)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
SEID	Date of birth (<i>mm-dd-yyyy</i>)	City of IRS office	State of IRS office	Office ZIP code	
IRS office telephone number (<i>include area code</i>)		Position title		Series and Grade	

SECTION 2 Identify the forms you will be including with your medical review request (*Check all that apply*)

- DOL Form, WH-380-E, Certification of Health Care Provider for Employee's Serious Health Condition
- DOL Form, WH-380-F, Certification of Health Care Provider for Family Member's Serious Health Condition
- DOL Form, WH-384, Certification of Qualifying Exigency or Military Family Leave
- DOL Form, WH-385, Certification for Serious Injury or Illness of Covered Service Member - for Military Family Leave
- IRS Form 9611, Application for Leave Under the Family and Medical Leave Act
- IRS Form 13661, Reasonable Accommodation Request
- FOH Form, FOH-6, Authorization for Disclosure (IRS Form 14258)
- Other _____

SECTION 3 Identify the type of service that you are requesting (*Check only one box*)

- ERGO - Ergonomic Assessment
- FMLA - Family Medical Leave Act
- RA - Reasonable Accommodation
- Other _____

SECTION 4 Links to Appropriate IRS POCs for your Medical Review Request

Locate IRS Family Medical Leave Act (FMLA) POC's

Locate Reasonable Accommodation (RA) POC's

Genetic Information and Nondiscrimination Act (GINA)

A complete description of the GINA (Document 12986) is available for review.

SECTION 5 Form Submittal Information

Form submitted by: <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> NTEU			Date submitted (<i>mm-dd-yyyy</i>)		
Name of individual submitting form		Phone number (<i>include area code</i>)		Email address	

Privacy Act Notice

The Agency will retain a copy of Form 14256, Federal Occupational Health (FOH) Case Transmittal and any accompanying documentation should an employee chose to provide the forms directly to their Manager or IRS POC. A complete Privacy Act Notice for Patients (Document 12987) is available for review.