

**U.S. Department of Labor (Wage and Hour Division)**

**HR 6.11 Unpaid Leave - Exhibit S(2)**

[\*Notice of Eligibility and Rights & Responsibilities \(FMLA\)\*](#)

**HR 6.11 Unpaid Leave - Exhibit S(2a) - Employee**

[\*Certification of Health Care Provider for Employee's Serious Health Condition \(FMLA\)\*](#)

**HR 6.11 Unpaid Leave - Exhibit S(2a) - Family Member**

[\*Certification of Health Care Provider for Family Member's Serious Health Condition \(FMLA\)\*](#)

**HR 6.11 Unpaid Leave - Exhibit S(3)**

[\*Designation Notice \(FMLA\)\*](#)

*These forms are also located under the "Related Links" tab of Gloucester County Human Resources' homepage.*