

APPLICATION FOR NON-FMLA MEDICAL LEAVE

College

An employee who may not be eligible for FMLA Leave may apply for Non-FMLA Medical leave. The employee must complete this form, include the Healthcare Provider Certification, and submit to Human Resources.

Employee Information:

Date of submission Name Empl. ID
Contract Title Department
Contact information while on leave Home Phone Cell Phone Email _____
Supervisor's Name Phone

TO BE COMPLETED BY HEALTH CARE PROVIDER

PRINT CLEARLY OR TYPE

Approximate date condition commenced _____ Medical condition is due to pregnancy
Date(s) of treatment(s) _____ Expected delivery date _____

Is the employee unable to perform any of his/her job functions due to the condition? Yes No

If yes, identify the job functions the employee is unable to perform: *(Refer to Essential Functions listed in the job description provided by the employer, or as based upon the employee's own description of his/her job):*

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment, such as the use of specialized equipment):

Period of incapacity: Begin Date _____ End Date _____

Estimated date when employee will be able to return to full, unrestricted duty _____

HEALTH CARE PROVIDER'S CERTIFICATION

I certify that the above facts are true and correct.

Signature Date _____

Print Name _____ License Number _____

Address _____

City _____ State _____ Zip Code _____ Phone _____ FAX _____

Type of Practice _____