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