PHYSICIAN CERTIFICATION
for Family or Medical Leave

Name ________________________________ Title ________________________________

Department ________________________________ Employee Payroll No. ________________________________

Status ☐ Full Time ☐ Part Time ☐ Temporary Date ________________________________

To be Completed by Human Resources

The above named Employee is requesting family and medical leave from work with his/her employer ________________________
Name of Employer

____

It is our understanding that you are currently treating ________________________________

The Patient is: ☐ the Employee ☐ Spouse of the Employee ☐ Parent of the Employee ☐ Child of the Employee

☐ The Employee is requesting full day leave from ___/___/___ until ___/___/___

☐ The Employee is requesting leave on an intermittent or reduced scheduled for the following dates: ________________________

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☐ Job description (if applicable) is attached.

To be Completed by Physician

Please assist us by clarifying the facts about the patient being treated.

1. As a duly authorized medical care provider, I verify that I am currently treating ________________________
Name of Patient

2. The Patient has been diagnosed and is receiving treatment for the following condition: ________________________

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3. The condition began on _____/_____/_____

4. As a result of that condition, it is my opinion that:
   - ☐ The Employee is currently unable to perform his/her employment functions set forth on the attached job description.
   - ☐ The Employee is currently needed to care for the Patient.
   - ☐ Intermittent leave is medically necessary for the Employee, or to care for the Patient.
   - ☐ None of the above.

5. In my opinion, the Employee will not be able to return to work until (provide date if possible)

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________________________________ ________________________
Physician's Signature Date

Phone No. ________________________

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Physician's Printed Name

Office Mailing Address: ________________________________

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Return Completed Form To: Human Resources Dept.