

Los Rios Community College District
EXTENDED PAID CATASTROPHIC SICK LEAVE MEDICAL CERTIFICATION
Los Rios Faculty

Instructions:

- *Complete Employee Information.*
- *Submit to medical provider for certification.*
- *Attach original to Application for Extended Paid Catastrophic Sick Leave Form.*
- *Please print using blue or black ink pen.*

Employee Information

Employee Name:	Employee ID Number:	Employee Home Telephone:
Employee Address:	Employee City & Zip Code:	
Employee College Name and Department:		

I hereby authorize the attending physician to furnish certification of the medical illness or injury and provide the necessary information to my employer for the purpose of verifying my need to access Extended Paid Catastrophic Sick Leave.

Employee Signature
Date

Physician's Statement

Please complete the following information for the above employee. The employee is not able to access the Extended Paid Catastrophic Sick Leave until this form is completed and returned. (Note: Specific and detailed confidential patient information is not required.)

Nature of injury/illness:

Duration of illness/injury:	Return to work date:
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I hereby certify that the above statements truly describe the patient's illness or injury and the estimated duration thereof.

Physician's Signature
Date

Print or Type Physician's Name:	Telephone Number:
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Above information may be provided on Physician's own form