SICK LEAVE DOCUMENTATION FORM

Purpose: To provide uniform documentation of sick time.

Policy: The Medical Center Plant Services Sick Leave Information form is to be completed by all staff on their first day back to work following an absence covered by sick leave.

Responsibility: It is the individual staff member's responsibility to complete the form and turn it in to their Manager or supervisor on the first day back to work following an absence governed by sick leave. It is the manager's/supervisor's responsibility to insure the forms are available and to turn in completed forms along with applicable support documentation.

References: None
MEDICAL CENTER PLANT SERVICES
SICK LEAVE INFORMATION FORM

Name ________________________________  Today's date: ________________

Dates absent for which sick leave is being applied for:

  Yes  No  Was your absence due to a work-related injury?
  [ ]  [ ]

  Yes  No  Did your disability result in hospitalization?
  [ ]  [ ]

  Yes  No  Do you have a doctor's excuse specifically stating that you should not work on the days absent?
  [ ]  [ ]
  If "yes", please attach the excuse with this form.

  Yes  No  Was your absence necessary for outpatient treatment following hospitalization?
  [ ]  [ ]

Employee's signature __________________________  Supervisor's signature __________________________

White copy - Office of Medical Center Plant Services
Yellow copy - Supervisor/Foreman
Blue copy - Staff member record copy