

University of Toledo/PSA
Leave Recipient Application – Attachment
Certification of Health Care Provider
(Please Print)

Employee's Name: (Last, First, Middle)	UT Claim #
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Section IV, B of the University of Toledo Professional Staff Association (PSA) Sick Leave Bank Policy states that a catastrophic illness or injury qualifying for sick leave from the PSA Sick Leave Bank must be “a medical condition of an employee as certified by a physician which requires an employee’s absence from duty for a prolonged period of time . . .”

Given the above definition, please describe the nature of the catastrophic illness or injury, including the medical facts which support your certification:

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Please answer the following:

1. State the approximate date the condition commenced.
2. State the probable duration of the condition.
3. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments.
4. If the patient will be absent from work because of treatment on an intermittent basis, also provide an estimate the interval between such treatments. List actual or estimated dates of treatment if known, and period required for recovery if any.

Name of Physician <i>(Please print)</i> :	Telephone:
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Address:

Type of Practice:

Signature of Health Care Provider:	Date:
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Employee's Signature:	Date:
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