



Sick Leave Pool – PHYSICIAN’S REPORT

Name of Employee: _____ EMPLID: _____

Home Address: _____

Home/Cell Phone: _____ Email Address: _____

I hereby authorize my physician to release any and all information regarding my illness/condition to the Human Resources Benefits Office at Florida State College at Jacksonville.

Employee’s Signature

Date

Physician’s Name: _____ Physician’s Phone: _____

Address: _____

TO THE PHYSICIAN:

The Florida State College at Jacksonville sick leave pool grants sick leave hours **for catastrophic illnesses or life threatening injuries**. The policy defines: A catastrophic illness or injury as a severe condition or combination of conditions affecting the mental or physical health of an employee that has resulted in a life threatening condition or has had a major impact on life-functions. Your patient, listed above, has applied to the sick leave pool hours. This application will be reviewed by the FSCJ Sick Leave Pool Committee (including a nurse from the FSCJ Nursing Program) for the purpose of determining allowable paid sick leave benefits. Only fully completed applications will be considered.

Without complete information, this application may be denied. PLEASE PRINT

1. Is it a catastrophic illness? Yes _____ No _____

a. If yes, please provide reasons why it is considered

catastrophic _____

2. Is it a routine chronic illness? Yes _____ No _____

a. If yes, please provide

details _____



3. Is it a life threatening injury? Yes _____ No _____

a. If yes, please provide reasons why it is considered a life threatening injury _____

Date individual was first examined with this illness or injury:

Diagnosis:

Treatment Plan (including physical and rehabilitative therapies):

Estimated Period of Absence: From _____ to _____

Prognosis for recovery and the ability to return to work without any restrictions:

Is the employee unable to work? Yes _____ No _____

Physician's Signature

_____ Date

ID Number (Please Stamp) Physician's

Please return this form to: Human Resources Department, Benefits Office, Sick Leave Pool Committee
CONFIDENTIAL FAX: (904) 632-3329 or EMAIL: Benefits@fscj.edu