MONTEREY COUNTY CATASTROPHIC LEAVE DONATION PROGRAM AND DONATED LEAVE BANK

PHYSICIAN'S STATEMENT FOR EMPLOYEE'S FAMILY MEMBER

To be completed by the treating physician

Provider Name: ____ Title: ______________________________________

Facility: ____

Address: ____

Phone Number: ___________________________________ Fax Number: ____

Patient/Employee Information:

Patient Name: ____ DOB: ____________________________

Employee Name: __________________________________ Relationship to the Employee: _______________________

INFORMATION BELOW TO BE PROVIDED BY THE PHYSICIAN

Our employee has submitted a request to receive leave donations from our Catastrophic Leave Donation Program. This program is used to supplement an employee's pay when the employee must remain off work to care for a family member who has experienced a catastrophic medical condition and is incapacitated. Please provide the following information:

Dates the employee is unable to work due to family member's illness/injury: ______________ to ________________

Expected date the family member will no longer require care and the employee can return to full duty: ____________

Check one

1. Was the condition unforeseeable or of a sudden onset? ☐ Yes ☐ No
2. Is the condition critical in nature such that failure to provide immediate treatment could have resulted in loss of life or limb? ☐ Yes ☐ No
3. Does the condition of the patient require care from the employee? ☐ Yes ☐ No
4. Could the employee return to work with a modified work schedule? If so, ☐ Yes ☐ No

   Date: _____________________ Hours per day: ________________________

Recertification: If the employee has already been away from work for 30 days or more, please answer the following.

5. Does the health condition of the family member continue to be catastrophic in nature? ☐ Yes ☐ No

Provider's Signature: ____ Date: ______________________

Sick Leave Bank applications are generally approved for no more than 30 days at a time. Requests for Sick Leave Bank benefits in excess of 30 days require updated medical documentation for each request.