

Augusta University

Shared Sick Leave Program

Physician's Certification

Page 1 to be completed by employee:

I understand that before I can apply for Shared Sick Leave, I must apply for Family and Medical Leave (FMLA). I further understand the qualifying events for FMLA and Shared Sick Leave are not the same (e.g., Shared Sick Leave may only be used for **my own** life-threatening, critical illness, critical injury, or major surgery and recovery time).

I have completed and submitted FMLA paperwork to my supervisor.

I am enrolled in the following Augusta University benefits plans: Short-term disability
Long-disability
Neither

Name of Supervisor

Phone number of Supervisor

Statement from the Augusta University employee to the licensed physician:

I am applying for leave through Augusta University's Shared Sick Leave Program. Augusta University's shared sick leave program allows employees experiencing their own life-threatening conditions (defined as conditions involving a life-threatening illness, critical illness, critical injury, or major surgery) and who also meet other specified criteria to receive leave donated by other employees. The Shared Sick Leave Committee will review my application to determine if my request meets the criteria for approval. Your certification of my medical condition is crucial in making that determination. Your response to each question on the attached page will be greatly appreciated. Please include additional information if appropriate for submission.

I authorize any licensed medical practitioner who examines me to release any information or facts concerning my condition to: Augusta University Human Resources, Augusta University Shared Leave Committee, and to other appropriate Augusta University officials.

For the purpose of this program, the life-threatening condition is such that it is not medically appropriate for me to delay treatment. The absence must be continuous (e.g., hospitalization for major surgery or an accident resulting in critical injury) for a specified period of time, not intermittent, as certified by a physician. Intermittent leave is allowable only for medical treatments such as chemotherapy, radiation, dialysis, or physical therapy directly related to the life-threatening illness, critical illness, critical injury, or major surgery.

Any medical information forwarded to the HR Shared Leave Committee will be handled confidentially and discreetly.

Employee Name

Employee ID

Date of Birth

Signature of Employee

Date Signed

Page 2 to be completed by physician:

The following Individual has requested certification of a life-threatening medical condition or major surgery: _____

Name of Augusta University Employee

Name of licensed physician (please print)

Physician's phone number

Name of medical practice (if applicable)

Physician's mailing address

NOTE TO PHYSICIAN:

The rules for FMLA and shared sick leave are **not** the same. The employee will be eligible for shared sick leave **ONLY** during the time he/she is in, or recovering from, a "critical and life-threatening" state or major surgery. For the purposes of Shared Sick Leave, please answer the questions below and sign the document.

1. Is this a work-related injury? Yes No

√ If "yes," please sign form and return to employee.

√ If "no," please continue with questions below.

2. Does this employee have a life-threatening, critical illness or critical injury; or require major surgery? Yes No

√ If "yes," please continue with question #3 below.

√ If "no," please sign form and return to employee.

3. Due to this critical illness, critical injury, major surgery, and immediate recovery, the employee will likely be unable to work (consecutive days) from _____ to _____.

(date)

(date REQUIRED, eve if estimate)

4. In addition, this employee will need intermittent treatment (e.g., chemotherapy, radiation, dialysis, physical therapy) from _____ to _____.

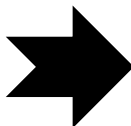
(proposed beginning of intermittent treatment)

(proposed ending date of intermittent treatment REQUIRED, even if estimate)

Signature of physician

Date

Instructions for Physician



After completing this form, please return it to the Augusta University employee for whom certification is requested (or to the individual holding power of attorney for the employee) so he/she may submit it to the University's Shared Leave Committee. Thank you for your assistance in this process.

After physician completes and signs page 2, employee should send both pages of this completed form in a "confidential" envelope to:

Augusta University
Human Resources
c/o Shared Sick Leave Committee
1120 15th Street – HS 1105
Augusta, GA 30912