

Western Kentucky University
Eligibility Determination Form for Shared Medical Leave

Physician Certification of Illness

Employee/Patient Name _____

WKU ID: _____

To Be Completed by Physician

Diagnosis and/or general description of medical Condition:

Date condition commenced: _____

Beginning Date of Employee Absences: _____

Probable duration of condition: _____

Is inpatient hospitalization required? YES NO

The medical condition stated above has caused or will cause the employee/patient to be absent and unable to work for at least thirty (30) days beginning ____/____/____

I certify that I am a licensed practicing physician and that the above statements accurately reflect my assessment of the referenced individuals medical condition.

Physicians Signature: _____

Physicians Name: _____

Type of Practice: _____ Date: _____

Address: _____

Telephone Number: _____

Western Kentucky University
Shared Medical Leave Bank Application

Name: _____

WKU ID: _____

Address: _____

Date of Hire: _____ Department: _____

Date Illness or Injury began: _____

Are you receiving compensation from any other source? For example short-term disability, social security or auto insurance? _____

In the space below, please provide a personal explanation of the nature of your illness or injury and the medical treatment you are receiving. All information provided is confidential. (You may attach additional information)

I am requesting _____ hours of medical leave from the Shared Medical Leave Bank, providing there is sufficient time in the leave bank.

Note: No more than 30 days of paid leave may be withdrawn in a rolling 12-month period. Leave time will be credited once all required documentation is in place, and approved by the Medical Leave Bank Committee.

I certify that I have been absent and unable to work for a minimum of thirty (30) consecutive working days and that I suffer from a medically certified illness, injury, or impairment as verified in the attached statement from my physician.

Employee Signature

Date

Submit completed form to the Department of Human Resources