

OKOLONA FIRE DEPARTMENT
SICK LEAVE FORM
See Instructions on Second Page

Name: _____ request to use _____ hours of Sick Leave:

Starting Date (mm/dd/yy): _____ Starting Time (hh:mm): _____

Ending Date (mm/dd/yy): _____ Ending Time (hh:mm): _____

Reason for Sick Leave: _____ Family Medical Leave: _____

Signature of Employee

Date

Attach this form to Timesheet applicable to the absence

Privacy Notice:

*If desired, the employee may place this form in a sealed envelope and attach to Timesheet.
This document will be filed in Employee's Confidential Medical File.*

**HealthCare Provider Statement
(in lieu of other documentation):**

(Required if absence is more than 48 scheduled hours for 24/48 employees or 24 hours for 40 hour employees)

The above named employee has been under my care during the above period of time. The employee's absence from duty was medically necessary for this period.

The employee is ____ or is not ____ (check) able to return to duty in some limited/light duty capacity (such as no lifting over x pounds, no twisting, seated work only etc). *Firefighters on light duty do administrative tasks such as desk duty, telephone answering, document filing. Also, being for a limited number of hours per day can be accommodated.*

Earliest date employee may begin limited/light duty (if capable): _____

Limited/light duty restrictions:

Date employee is ____ may be ____ released to return to full duty: _____

Signature of Healthcare Provider

Date

Received by Fire Chief: _____ Date: _____

Instructions:

Short Term Illnesses (not more than 48 scheduled hours for 24/48 employees or 24 hours for 40 hour employees):

1. Complete the top part of the form. A health care provider's statement is not required.
2. E-mail this form to the scheduling officer. *If an employee desires confidentiality of the nature, the Reason for Sick Leave may be left blank at this point.* (The scheduling officer will arrange for overtime coverage if necessary and update the employee's leave use file).
3. Print a copy of this form and attach it to the timesheet covering the period in which the sick leave occurred.
4. Add the appropriate information in the Reason for Sick Leave section.
5. E-mail this form to the fire chief. The fire chief will file the completed form in the member's confidential medical file.
6. Any copies saved on a computer containing medical information shall be deleted for privacy reasons.

Long Term Illnesses (48 scheduled hours or more, for 24/48 employees; 24 hours or more for 40 hour employees):

1. Complete the top part of the form.
2. E-mail this form to the scheduling officer. *If an employee desires confidentiality of the nature, the Reason for Sick Leave may be left blank at this point.* (The scheduling officer will arrange for overtime coverage if necessary and update the employee's leave use file).
3. Print a copy of this form and attach it to the timesheet covering the period in which the sick leave occurred.
4. Hand carry or send by other means (such as e-mail) to the Healthcare provider and request the Healthcare provider to complete the appropriate section. (Alternately, a Healthcare provider may provide the employee with other documentation, as long as the information required in this form is included.)
5. Add the appropriate information in the Reason for Sick Leave section.
6. E-mail this form to the fire chief. The fire chief will file the completed form in the member's confidential medical file. If alternate documentation was provided by the Healthcare provider, this will be filed in the member's confidential medical file.
7. A Healthcare provider's statement is required within 15 days from the beginning of the absence. An extension of this time may be granted by the fire chief if the member is physically unable obtain the statement, such as due to hospitalization.
8. Any copies saved on a computer containing medical information shall be deleted for privacy reasons.