

**OKOLONA FIRE DEPARTMENT
SICK LEAVE FORM**

This Form Must Be Attached To Timesheet

I, _____ request to use _____ hours of Sick Leave:

Starting Date: ____/____/____ Starting Time: ____:____

Ending Date: ____/____/____ Ending Time: ____:____

Reason for Sick Leave:

Signature of Employee

_____/_____/_____
Date

HealthCare Provider Statement:

(Required if absence is more than 48 scheduled hours for 24/48 employees or 24 hours for 40 hour employees)
(This form must be completed during first office visit and may be revised on subsequent visits)

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

Approval

Fire Chief: _____ Date: _____