

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: _____
If FMLA applies, date the FMLA certification was/will be provided: _____

Signature of Employee

Date

Attach this form to Timesheet applicable to the absence

Privacy Notice:

Please see section in instructions concerning privacy.

**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 Scheduling Officer: _____ Date: _____

Received by Fire Chief: _____ Date: _____

Instructions:

Classification of Absences:

Classification of Absence	24/48 Employee	40 Hour Employee
Short Term	24 hours (1 full duty day)	8 hours up to 16 hours (1-2 full duty days)
Medium Term	48 hours (2 full duty days)	24 hours up to 40 hours (3-5 full duty days)
Long Term	More than 48 hours (More than 2 Full Duty days)	More than 40 hours (More than 5 Full Duty days)

- A. No Healthcare Professional documents will be required for any single absence of less than one full duty day (less than 24 hours for 24/48 employees or less than 8 hours for 40 hour employees). In other words an employee working a portion of his/her shift won't be required to submit any Healthcare Professional documentation.
- B. No Healthcare Professional's documentation will be required for the first two (2) Short Term Absences in the "Rolling Calendar Year" (a period of time consisting of 365 days). Healthcare Profession's documentation will be required starting with the third (3rd) absence in the "Rolling Calendar Year."
- C. Healthcare Professional's documentation will be required for all Medium Term Absences.
- D. Documentation for Medium Term Absences:
Any of the following forms of documentation are acceptable:
 - 1. A note written by the Healthcare Professional, Discharge instructions provided to the employee following a medical procedure or;
 - 2. Completion of the Healthcare Provider statement above or;
 - 3. FMLA Healthcare provider certification form.
- E. Acceptable Documentation for Long Term Absences:
The FMLA Healthcare provider certification form is the only acceptable documentation for any Long Term Absence.