

MEDICAL CERTIFICATION

A leave request, based on an employee's serious health condition or the serious health condition of an employee's spouse, child, or parent, must be accompanied by a medical certification from an attending health care provider or providers.

EMPLOYEE'S STATEMENT

I hereby authorize Gore Public Schools district to contact my healthcare provider(s) to verify the reason for my requested leave or for any other information concerning my requested family or medical leave. I understand that this authorization will be used only if a medical certification is not received or it is incomplete.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the superintendent of schools.

Date: _____ Employee's Signature: _____

Approved By: _____

Employee's Immediate Supervisor: _____

Superintendent of Schools: _____ Date: _____