

OFFICE OF HUMAN RESOURCES
Certification of Health Care Provider
Leave Donation

*Members of the University of North Florida Sick Leave Pool may draw upon the Pool for their personal catastrophic injury or illness upon approval of the Committee. A catastrophic illness or injury is defined as a **severe** condition or combination of conditions affecting the mental or physical health of the employee that requires treatment by a licensed medical practitioner for a prolonged period of time. A prolonged period is defined as 120 hours (15 work days) of missed work.*

Employee's Name: _____

TO BE COMPLETED BY PHYSICIAN AND RETURNED TO THE EMPLOYEE:

Nature of severe illness or injury and prescribed treatment: _____

Date employee was first examined with this condition: _____

Can employee perform the essential functions of the job? Yes No
If no, explain limitations: _____

Duration of limitations: _____

Prognosis: _____

Employee may return to work full-time on _____ or part-time on _____

then full-time on _____. (If more time is needed, this date may be extended with proper medical documentation.)

Signature of Health Care Provider

Type of Practice

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____

To save a copy of this form on your computer, click the File menu at the top of your screen and select the Save as... command. Give the file a meaningful name, select a location on your computer for saving and click the Save button