



Application for Family or Medical Leave
MEDICAL CERTIFICATION STATEMENT
(Employee's Own Illness/Injury)

To be completed by the employee -

MEDICAL RELEASE / EMPLOYEE'S STATEMENT

I authorize the release of medical information, necessary to process my leave request, by my physician or other health care provider to the Jenks Public Schools. According to School Board Policy 2.28.2 Family Medical Leave, the failure of an employee to return to work upon the expiration of a family or medical leave of absence will subject the employee to immediate termination.

Date Patient's Signature

To be completed by the health care provider -

Name of patient: Date condition began/if pregnant, due date: Anticipated duration or return date: Diagnosis of health condition:

Regimen of treatment prescribed for the condition. Include estimated number of visits, nature, frequency, and duration of treatment, treatment by other providers and whether in-patient hospitalization is required:

Is the employee able to perform work of any kind? Yes No If "no", please explain:

Is the employee able to perform the essential functions of his/her job? Yes No If "no", please explain:

Explanation of extent to which employee is unable to perform the functions of his/her job:

Date Signature of Health Care Provider

Office Telephone Number Printed name of Health Care Provider

Attachments: Yes No Type of Medical Practice (Specialization, if any)

Please return this form to Human Resources, Fax (918) 298-6602, Phone (918) 299-4415 Ext. 2306

FOR JPS INTERNAL USE ONLY
Number of hours worked in the 12-month period preceding the leave request:
FMLA applies Yes No Leave approved Yes No
Empl #: Hire date:
Position: Location:
LOA start date: LOA end date:
Approved by Approval date: