APPLICATION FOR NON-FMLA MEDICAL LEAVE

College: Hostos Community College

An employee who may not be eligible for FMLA Leave may apply for Non-FMLA Medical leave.
The employee must complete this form, include the Healthcare Provider Certification, and submit to Human Resources.

Employee Information:

Date of submission _____ Name _____ Empl. ID _____

Contract Title _____ Department _____

Contact information while on leave Home Phone _____ Cell Phone _____ Email _____

Supervisor's Name _____ Phone _____

TO BE COMPLETED BY HEALTH CARE PROVIDER **PRINT CLEARLY OR TYPE**

Approximate date condition commenced _____ ☐ Medical condition is due to pregnancy

Date(s) of treatment(s) _____ Expected delivery date _____

Is the employee unable to perform any of his/her job functions due to the condition? ☐ Yes ☐ No

If yes, identify the job functions the employee is unable to perform: *(Refer to Essential Functions listed in the job description provided by the employer, or as based upon the employee's own description of his/her job):*

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment, such as the use of specialized equipment):

Period of incapacity: Begin Date _____ End Date _____

Estimated date when employee will be able to return to full, unrestricted duty _____

HEALTH CARE PROVIDER'S CERTIFICATION

I certify that the above facts are true and correct.

Signature _____ Date _____

Print Name _____ License Number _____

Address _____

City _____ State _____ Zip Code _____ Phone _____ FAX _____

Type of Practice _____