



Request to Use Emergency Medical PTO Leave

Name: _____

SSN (Last 4 Digits): _____

Department: _____

I hereby request that I be granted _____ hours from the EM PTO Leave Bank

I certify that I meet all eligibility requirements. An original doctor's statement of illness, accident, or injury from my physician, Dr. _____, is provided with this request. In addition, I hereby authorize the appropriate committee to seek additional information from the physician(s) as may be necessary.

Employee Signature

Date

DEPARTMENT CERTIFICATION

Date absence began: _____ Dr's Certificate attached: _____

Hours used to date: _____ PTO Leave _____ Compensatory Time

_____ LWOP _____ FMLA

I, the undersigned, approve this request and certify that the above employee has exhausted all appropriate leave, is not on Workers' Compensation, and that the department is satisfied that the reason for absence is due to a qualifying catastrophic illness or injury.

Comments: _____

Department Director Signature

Date

(Return this completed form along with the original doctor's statement to the Human Resources Department.)