

**EMPLOYEE APPLICATION FOR MEDICAL LEAVE**

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In order to notify your department head and others concerned that you will shortly need or now need a leave of absence for medical reasons, and to insure that all medical leaves are administered consistently, equitably and in compliance with Federal and State regulations, please provide the following information and submit the completed form to Human Resources. If you have any questions, you may contact the Office of Human Resources at (413) 585-2275, fax (413) 585-2284.

An Attending **Physician's Statement** form must be completed by your doctor and in order to approve this medical leave **please return this completed form to Human Resources, 30 Belmont Avenue, Northampton, MA 01063.**

Employee: \_\_\_\_\_

Smith ID Number: \_\_\_\_\_

Current Position: \_\_\_\_\_

Department: \_\_\_\_\_

**MEDICAL INFORMATION**

1. Describe the medical condition which makes it necessary for you to request a Medical leave:

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2. Date you plan to begin your Medical Leave: \_\_\_\_\_

3. Date you expect to be able to return to work: \_\_\_\_\_

4. Name and complete address of your personal physician:

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**I hereby authorize the release of any and all requested medical information concerning my injury or illness described above to Smith College and its authorized representatives. A photocopy of this release shall serve and be as valid as the original.**

Employee Signature: _____ Date: _____
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