EMPLOYEE APPLICATION FOR MEDICAL LEAVE

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 (413) 327-9107,** If you have any questions, you may contact the Office of Human Resources at hr@smith.edu.

A confidential Attending **Physician's Statement** form must be completed by your doctor and returned to Human Resources.

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:

_____

_____

_____

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:

_____

_____

Employee Signature: _____ **Date:** _____