

**Sioux City Community School District
Personal Illness or Maternity Leave Form**

TO THE EMPLOYEE: NAME: _____ DATE OF BIRTH: _____

ASSIGNMENT & BUILDING _____

When you become aware of the need for personal illness for an extended period of time, please notify your building principal /supervisor and attendance secretary immediately of the approximate dates.

Submit this completed form to Human Resources for personal illness leave of more than ten (10) consecutive days.

I authorize my doctor to release my medical condition to my employer. The District Human Resources Department will only use this information for the purpose of determining leaves and return from leaves.

Employee Signature Date

CERTIFICATION OF PHYSICIAN OR PRACTITIONER: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Diagnosis: _____

2. The patient is medically unable to perform her/his duties in the school district for a period from:

_____ To _____
Date Date

If returning date is indefinite, how often do you see your patient? Weekly____ Monthly____ Other____

3. Regimen of treatment to be prescribed. (Indicate number of visits, general nature and duration of treatment.)

4. Physician or Practitioner (please print) _____

5. Signature of Physician or Practitioner:

Signature Date

6. Type of practice (Field of Specialization, if any) _____

RETURN TO:

Sioux City Community School District, mail: Human Resources – Attn: Kim Smith, Benefits Manager, 627 4th St, Sioux City, IA 51101 or fax to 712-279-6672. Phone: 712-279-6692 Ext 6121.

THE DISTRICT MAY REQUEST AN INDEPENDENT OPINION FROM A PHYSICIAN OF ITS CHOICE, AT DISTRICT EXPENSE.