

- CERTIFICATED
- CLASSIFIED

Mendocino County Office of Education (MCOE)
CATASTROPHIC SICK LEAVE REQUEST

~ CONFIDENTIAL ~

Complete and return to:
 MCOE - Human Resources
 2240 Old River Road
 Ukiah, CA 95482

Employee's First Name:	M.I.:	Last Name:		
Street Address:	City:	State:	Zip:	Home Phone:
School/Department:	Position:			Work Phone:
Supervisor Name:	Status: (check one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		# of Days Requested:	
Signature of Employee Requesting Catastrophic Leave:				Date:

If the request relates to caring of a sick/injured family member, list their name:	Relationship:
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Authorization to Release Information: I hereby authorize, by my signature, the undersigned licensed medical doctor to release any and all information regarding my sickness or injury to MCOE. I further agree to hold MCOE harmless in connection to the use of this information for the purposes of processing this leave. If detailed information is not provided, I understand that it may be necessary to submit more medical statements. I understand that failure to submit sufficient information may result in the denial of this request.

I also authorize MCOE, by my signature, to make my name known and to indicate the general nature of my illness to my fellow employees / prospective donors.

 Employee Signature (or Relative, who is ill, as appropriate) Date

TO BE COMPLETED BY THE ATTENDING PHYSICIAN ONLY Description of disabling condition or illness (layman's language please) (attach additional sheets if needed)
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This individual is under my care and unable to return to work or regular activities		From:	To:
Physician's Name: (Please type or print)		Telephone:	
Street Address:	City:	State:	Zip:

 Physician's Signature Date

FOR HUMAN RESOURCES USE ONLY		
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Human Resources Signature:	Date:
# of Days Approved:	Effective From:	To: