

EMPLOYEE REQUEST FOR MEDICAL LEAVE

Employees should use this form as notification of an impending leave for medical reasons. The information provided in this form, along with accompanying documentation, will be used determine if the leave is granted, and to ensure compliance with applicable policies and regulations.

The information you provide in this form will be considered confidential.

EMPLOYEE INFORMATION

Employee Name:

Personal E-mail:

Cell Phone Number:

Anticipated First Day of Leave:

Expected Return to Work Date:

REASON FOR LEAVE

This request is (choose one):

- For my own medical illness, injury, or condition
- To care for a child, spouse, domestic partner, or parent of spouse/domestic partner with an illness, injury, or condition that requires professional care

Briefly describe the medical condition that necessitates medical leave.*

Provide name and contact information for the professional providing care for the illness, injury, or condition described above.

Provider's Name:

Phone:

Address:

AUTHORIZATION & CERTIFICATION

I hereby authorize the release of any and all requested medical information concerning the illness, injury, or condition described above to Five Colleges, Inc. and its authorized representatives. A photocopy of this release shall serve and be as valid as the original.

I certify that the above information is accurate and complete.

Employee Signature:

Date:

**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 an individual or family member of the individual, except as specifically allowed by this law. 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.*