

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 the Treasurer. If you have any questions, you may contact the Business Office at 413 542-4001, or fax to (413) 542-4028

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 Five Colleges, Inc., Business Office, 97 Spring Street, Amherst MA 01002.

Employee: _____

Current Position: _____

Campus: _____

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:** _____

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.

Updated 8/1/2013