

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES
1960 LANDINGS BOULEVARD, SARASOTA, FLORIDA 34231
PHONE (941) 927-9000 FAX (941) 927-4087

PHYSICIAN CERTIFICATION FOR EMPLOYEE MEDICAL LEAVE (RELATIVE)
FORM C

Instructions: Use this form if not FMLA eligible. Print information on form. **Attach Form C to Request for Unpaid Leave of Absence Form and submit to Human Resources.**

Employee Name (Print) _____
Last First Middle

Employee ID No. (A#) _____ SSN XXX-XX-_____ Phone _____

Address _____
Street City State Zip

TO BE COMPLETED BY PHYSICIAN

I hereby certify that _____ is my patient.
Patient Name

I further certify that _____ is the _____ of the
Employee Name Relation to Patient

the above named patient and requires a medical leave of absence from his/her employment with

The School Board of Sarasota County, Florida from _____ through _____.
Date Date

Physician Stamp (Below)

Physician Name (Print)

License No. _____ Phone _____ Fax _____

Address _____
Street City State Zip

Physician Signature Date

Distribution: Original – Human Resources Personnel File