

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 (SELF)**  
**FORM B**

**Instructions:** Use this form if not FMLA eligible. Print information on form. **Attach Form B 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 and that he/she is  
Employee Name

medically incapable of performing any of the essential functions of his/her occupation as a/an

\_\_\_\_\_  
Position

I further certify that he/she 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

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