



## Medical Certification Requirement

Date:

Name/Address

### RE: Medical Certification Requirement Notice

Dear \_\_\_\_\_ :

On \_\_ \_\_\_\_, 2010, you were given a letter of expectation regarding your frequent absences. You were advised to improve your attendance or face the possibility of leave restrictions and necessity of providing medical certification.

I have conducted an additional review of your leave record for the period from \_\_\_\_ \_\_\_\_, 2010, to \_\_\_\_ \_\_\_\_, 2010. During that period your leave usage has been as follows:

<u>Date</u>	<u>Hours</u>	<u>Leave Type</u>	<u>Comments</u>
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This is a total of \_\_ hours of sick leave and a total of \_\_ hours of vacation used since \_\_ \_\_\_\_, 2010. Currently, you have balances of \_\_ hours of vacation and \_\_ hours of sick leave.

Absences are disruptive to the work unit and can negatively impact our ability to provide customer service. Absences adversely affect your work performance. Your frequent absences and late arrivals put an additional unfair burden on your supervisor and co-workers. They must either assume the duties you would perform or allow the work to remain undone.

My records do not indicate that any of these absences were related to a condition protected by the Family Medical Leave Act (FMLA). If you do have a FMLA qualifying condition please let me know. In addition, please work with Human Resources to determine the appropriate paperwork requirements for FMLA and if approved, your leave reporting should include the FMLA designation.

Effective upon your receipt of this memorandum and continuing until further notice, you are required to submit a written request for sick leave with a satisfactory medical certificate for all sick leave or leave without pay requested due to illness or incapacitation. Any request for leave due to illness or incapacitation not supported by a satisfactory medical certificate will be denied and you will be disciplined for unexcused absence and/or the failure to follow leave procedures. The required medical certificate must be provided to me on the day you return to duty following an absence. If you desire to keep your medical

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certification confidential, you may submit the certification to me in a sealed envelope and I will deliver the sealed envelope to Human Resources.

All use of sick leave for scheduled appointments must be requested in advance of your absence from work. You must submit your requests to me electronically through the eTime process, and provide a satisfactory medical certificate immediately upon your return to work. These requests will not be approved if a satisfactory medical certificate is not received.

A satisfactory medical certificate is:

- 1) A written statement,
- 2) Signed by your medical practitioner,
- 3) Certifying to the examination, treatment or period of disability, and
- 4) Clearly showing the dates (or hours if less than one day) of incapacitation.

If necessary, additional information may be requested in support of any final decision to approve or disapprove sick leave.

Additionally, any request for vacation or leave without pay must be submitted in writing at least five workdays in advance of the requested dates, unless I have approved such leave on an emergency basis. I have the authority to approve or disapprove leave requests for emergency situations based on an evaluation of the necessity for the absence. This also means when you are not here and ready to begin work at your scheduled time you will be charged as absent without approval in 15 minute periods until you arrive at your work station and begin work.

If you are absent and do not submit a request for sick leave or vacation, you may be disciplined for an unexcused absence. Disciplinary action up to and including dismissal can result from such a charge. Further, you will not be paid for periods of unexcused absences.

All written requests for leave and vacation and medical certificates, must be submitted to me within the timeframes listed above. If for any reason you are unable to report to work on time, you must call me at \_\_\_\_\_ by \_\_\_\_ a.m./p.m. If for any reason I am unavailable, you must call \_\_\_\_ at \_\_\_\_ by \_\_ a.m./p.m. Failure to do so will subject you to disciplinary action.

If you are experiencing significant off-the-job difficulties, I remind you that the Employee Assistance Program (EAP) is available at 1-800-657-3719, or 651-296-0765 in the Twin Cities metropolitan area.

If you have any questions related to this notice, or if you wish to discuss this issue, please do not hesitate to contact me.

Sincerely,

Supervisor

cc: Personnel File