

**Los Rios Community College District
IMMEDIATE FAMILY CATASTROPHIC LEAVE
PHYSICIAN STATEMENT
Los Rios Faculty**

Instructions:

- *Complete Employee Information.*
- *Submit to medical provider for certification.*
- *Attach*

Los Rios CCD Employee Information

Employee Name:	Employee ID Number:
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Los Rios CCD Immediate Family Information

Immediate Family Member Name:	Relationship to Los Rios CCD Employee:
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I hereby authorize the attending physician to furnish certification of the medical illness or injury and provide the necessary information to my immediate family member's employer for the purpose of verifying their need to access Immediate Family Catastrophic Leave.

Immediate Family Member, or Legal Guardian, Signature

Date

Physician's Statement

Please complete the following information for the immediate family member listed above. The employee is not able to apply for Immediate Family Catastrophic Leave until this form is completed and returned. (Note: Specific and detailed confidential patient information is not required.)

I hereby certify that the above patient, listed as the Los Rios CCD Immediate Family Member, has a catastrophic illness or injury that is expected to incapacitate the employee's immediate family, and that requires someone to be present during the period of critical illness or injury of the immediate family member. The expected duration of this catastrophic illness or injury is from { } to { }, but this may be subject to change based on the patient's response to treatment.

Physician's Signature

Date

Print or Type Physician's Name:

Telephone Number:

Above information may be provided on Physician's own form