



This form is to accompany all illness leave absences of six (6) or more days, any illness absence extension request, and when the employee has recovered from his/her illness or disability and is able to return to work.

Please print or type and ensure all information provided as omissions can delay processing.

A. TO BE COMPLETED BY EMPLOYEE

Last Name	First Name	Middle Name	Employee #
Service: <input type="checkbox"/> Academic, Regular	<input type="checkbox"/> Academic, Adjunct	<input type="checkbox"/> Classified	
Assignment: Location _____		Position Title _____ Department _____	
Date of First Absence: _____			

B. TO BE COMPLETED BY THE ATTENDING PHYSICIAN

The information in the "Additional Information" box below is provided to assist you with understanding the significance of your recommendations regarding an employee's ability to perform his/her assigned duties. We request that you indicate, to the best of your professional judgment, the date(s) your patient will be physically unable to perform his/her assigned duties. An LACCD medical consultant may contact you to obtain additional information.

Check One:

- The above employee is under my care and their **approximate** return to full duty date is _____.
- The above employee has been under my care and is now able to return to full duty on _____.

Signature Physician / Other Practitioner	Print Name and Degree	License #	
Street Address	City	State	Zip Code
Area Code	Phone #	Date	

ADDITIONAL INFORMATION FOR EMPLOYEE AND PHYSICIAN

- "Light Duty" Assignments:** LACCD Board Rules require that each employee must be able to perform all duties of the assignment. Employees requesting a return to work with restrictions on their activities must contact their supervisor for clearance prior to returning to work. Each request is considered based on the duties of the position, and may require that the employee receive clearance from a physician and/or a District medical consultant prior to reporting for work.
- Pregnancy and Childbirth:** LACCD policy provides illness leave benefits to eligible employees for disabilities caused by pregnancy and childbirth under the same conditions as for any other disability. Eligible employees can apply for paid illness leave whenever they are physically unable to perform their assigned duties. They can also apply for unpaid leaves for other reasons (personal, child care, rest, etc.). A pregnant employee can continue working as long as she is able to perform her assigned duties. After termination of pregnancy or childbirth, the employee can remain on paid illness leave until she is physically able to return to her assigned duties. If she wishes to continue on leave, she may request an unpaid personal or child care leave.