

San Juan Unified School District

Human Resources Department
3738 Walnut Avenue
Carmichael, CA 95608



Verification of Critical Illness in Family

Three days of paid leave shall be granted to a regular employee for a critical illness or injury to a member of his/her immediate family. The employee eligible for this benefit should check the applicable contract or policy for further information.

Employee's Name: _____

Patient's Name: _____

Patient Relationship to Employee: _____

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To Be Completed by Physician:

I hereby certify that the patient whose name appears above was critically ill¹ or critically injured¹ from:

Beginning Date: _____ to Ending Date: _____

In certifying that the patient is critically ill or critically injured, I am certifying that the patient is experiencing an acute life-threatening episode or is believed to be in imminent danger of such an episode. This critically ill patient is medically unstable and, if not treated, is likely to decline.

Signature of Physician

Date

State License Number of Physician

Print Name of Physician

Telephone Number

Street Address

City

State

Zip Code

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¹The word "critical" as used herein is given that connotation generally accepted in the medical profession. (Implies that the patient's condition is such that there is a strong possibility that death will result.)