





Florida Community College at Jacksonville  
Sick Leave Pool – **PHYSICIAN’S REPORT**

Employee/Patient Name: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

**I hereby authorize my physician to release any and all information regarding my illness/condition to the Human Resources Benefits Specialist at Florida Community College at Jacksonville.**

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

Physician’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**TO THE PHYSICIAN:**

The employee named above has requested sick leave beyond the amount of time accrued by him/her during employment. The sick leave pool contains sick leave hours donated by other FCCJ employees and is managed by a committee that determines if this request is for a major or extreme illness, accident or injury or for a routine illness, accident or injury which develops unusual and/or extreme complications. Please complete this form, providing adequate detail for our committee’s use in approving or denying the requested grant of sick leave time.

**Without complete information, this application may be denied.**

Medical Diagnosis: \_\_\_\_\_

Frequency, duration and severity of episodes: \_\_\_\_\_

The condition is:       Minor       Routine       Major

If major, please describe. \_\_\_\_\_

Date of first visit for this condition: \_\_\_\_\_

Treatment plan, treatment schedule and severity or debilitating effect of treatments: \_\_\_\_\_

Please describe extent of disability (can the employee work in a limited capacity?): \_\_\_\_\_

Surgical procedure (if any): \_\_\_\_\_

Surgical procedure performed on (date) \_\_\_\_\_ was elective/non-elective. (circle one)

Prescribed time off work: Starting date: \_\_\_\_\_ to ending date: \_\_\_\_\_

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

Physician’s ID Number (Please Stamp)

Please fax or return this form to:

Human Resources Department, Benefits Office, Sick Leave Pool  
Florida Community College at Jacksonville  
501 West State Street, Jacksonville, Florida, 32202

FAX: 904-632-3329