

SHERBURNE-EARLVILLE CENTRAL SCHOOL

Employee Request for Excused Medical Leave

Directions: Complete Part 1 and have Part 2a completed by your physician or Part 2b completed by SECS D payroll or district clerk. Mark your time sheet and/or online absence request as screening, vaccine, or donation for the time taken. Be sure to sign and date this form and return it to the School Business Office prior to the end of the pay period after your appointment.

Part 1: To be completed by employee (PLEASE PRINT)

Employee Name \_\_\_\_\_

Date(s) Requested for screening, vaccination, or donation \_\_\_\_\_

Please indicate the type of cancer screening, vaccination, or donation below:

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

SECTION 2a

For Cancer Screening or Donation, complete this part: To be completed by employee's physician or blood donation facility only

Employee Name (print) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ at \_\_\_\_\_ Time of Appt. \_\_\_\_\_

by \_\_\_\_\_ Physician Name OR Medical Facility (Print)

Physician/Donation Site Supervisor Signature \_\_\_\_\_

SECTION 2b

If COVID-19 Vaccination dose(s), complete this part: To be completed by SECS D payroll clerk or district clerk only

Employee making request will present COVID-19 Vaccination Card and SECS D clerk will visually inspect name, and date(s) vaccination received and note date(s) below.

Employee Name (print) \_\_\_\_\_ Date #1 (mm/dd/yyyy) \_\_\_\_\_ Date #2 if applicable \_\_\_\_\_

Witnessed by \_\_\_\_\_ Name of SECS D Payroll Clerk or District Clerk (Please print)

Signature of SECS D Payroll Clerk or District Clerk \_\_\_\_\_ Date Witnessed \_\_\_\_\_