Please fill out the enclosed request form and have your doctor (or the patient's doctor if it is for care of a family member) complete and sign the medical form. Both forms should be returned to Human Resources as soon as possible. On the request form you will need to be specific regarding the type and number of days (sick/pers/unpaid/vacation) that you wish to use for your leave and also if it will be intermittent leave time or consecutive leave time.

Please be advised that I will need a note from your doctor, if this is for your own medical reason, stating that you may return to work at regular duty prior to your return to work.

Thanks and don't hesitate to call or email if you have any more questions.

Tammy Hodge 874-6093 or thodge@eriesd.org