

Human Resources Division
Union County Public Schools
400 N. Church Street
Monroe, NC 28112
FAX: 704-289-9154

DOCTOR'S CERTIFICATION OF CONTINUED TEMPORARY DISABILITY

_____ has applied to the Human Resources Division for an extension of sick leave. Before this can be approved, we must have the following statement completed and signed by the attending physician.

I hereby certify that _____ is still being treated by me with a diagnosis of _____

It will be necessary for my patient to be out of work from _____ to _____. My patient will be unable to perform his/her usual duties during this period.

_____ Date

_____ Physician's Name (Print)

_____ Physician's Signature

_____ Telephone Number