

MEDICAL EXCUSE

Doctor's Name:		
D 4 3 4 4		
Doctor's Phone No.:		
was seen at my office on	This individual was expe	riencing pain or
the following general symptom(s):		
As a result the individual could not	perform the following functions o	of his/her job:
It is expected the individual will be a	able to return to work on:	
	Doctor's Signature	Date:

This optional form should be used when an employee is absent on sick leave for 3 or more days. Pursuant to City policy PM 46-03: an employee may be absent from work on sick leave up to three (3) consecutive days before medical documentation is required. However, if an employee shows a pattern of abuse as set forth in the Policy Statement of PM 46-03, the employee may be required to present medical documentation for his/her sick leave absence prior to three (3) consecutive days of absence.

