LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

LEAVE OF ABSENCE

ATTENDING PHYSICIAN STATEMENT

This form is to accompany all illness leave absences of six (6) or more days, any illness absence extension request, and when the employee has recovered from his/her illness or disability and is able to return to work.

Please print or type and ensure all information is provided as omissions can delay processing.

EMPLOYEE TIP SHEET

A. TO BE COMPLETED BY EMPLOYEE

Last Name _____ First Name _____ Middle Name _____ Employee Number _____

Service: ☐ Academic, Regular ☐ Academic, Adjunct ☐ Classified

Assignment:

Location _____ Title of Position _____ Subject Field / Department _____

Date of First Absence: _____

B. TO BE COMPLETED BY THE ATTENDING PHYSICIAN

The information in the "Additional Information" box below is provided to assist you with understanding the significance of your recommendations regarding an employee's ability to perform his/her assigned duties. We request that you indicate, to the best of your professional judgment, the date(s) your patient will be physically unable to perform his/her assigned duties. An LACCD medical consultant may contact you to obtain additional information.

The above named employee is under my professional care as follows:

1. **Reason for Absence:** ☐ Hospitalization ☐ Confinement to Bed ☐ Confinement to Home
   ☐ Otherwise Restricted, Explain: _____
2. **Care Visitation Dates:** First Visit: _____ Last Visit: _____
3. **Extent of Disability**: _____
4. **A. Absence Period:** Write approximate date employee may return to full duty here. → _____ Date

   OR

   B. Permit to Return to Work: Write actual date employee is authorized to return here. → _____ Date
   Write any restrictions in Item 1 above.
5. **Signature:**

Licensed Physician / Other Practitioner _____ Type or Print Name and Degree _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

ADDITIONAL INFORMATION FOR EMPLOYEE AND PHYSICIAN

- ***"Light Duty" Assignments:*** LACCD Board Rules require that each employee must be able to perform all duties of the assignment. Employees requesting a return to work with restrictions on their activities must contact their supervisor for clearance prior to returning to work. Each request is considered based on the duties of the position, and may require that the employee receive clearance from a physician and/or a District medical consultant prior to reporting for work.
- ***Pregnancy and Childbirth:*** LACCD policy provides illness leave benefits to eligible employees for disabilities cause by pregnancy and childbirth under the same conditions as for any other disability. Eligible employees can apply for paid illness leave whenever they are physically unable to perform their assigned duties. They can also apply for unpaid leaves for other reasons (personal, child care, rest, etc.). A pregnant employee can continue working as long as she is able to perform her assigned duties. After termination of pregnancy or childbirth, the employee can remain on paid illness leave until she is physically able to return to her assigned duties. If she wishes to continue on leave, she may request an unpaid personal or child care leave.