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

ANNUAL PHYSICAL / EYE EXAMINATION CERTIFICATION

This form is used to verify absence time due to the completion of an annual physical examination or eye examination as authorized by collective bargaining agreement or Board of Trustee rules. Do not use to report other absences.

Read instructions shown below carefully before completing. Please print or type and ensure all information is provided as omissions can delay processing.

A. TO BE COMPLETED BY THE EMPLOYEE

Last Name _____ First Name _____ Middle Name _____ Personnel Number _____

I certify that I completed the following annual examination and was required to be present at the physician/licensed practioner's office on the date(s) and time(s) indicated below:

Check One: ☐ Comprehensive Physical Examination
☐ Eye Examination – Unit 1 Employees Only

Day 1: _____ Date Time: ☐ AM ☐ PM From _____ ☐ AM ☐ PM To _____

Day 2: _____ Date Time: ☐ AM ☐ PM From _____ ☐ AM ☐ PM To _____

Signed:

_____ Employee _____ Date

B. TO BE COMPLETED BY THE PHYSICIAN / LICENSED EYE PROFESSIONAL

CERTIFICATION

The above named employee received an annual ☐ physical examination ☐ eye examination on the date(s) and time(s) indicated above.

Licensed Physician / Other Practitioner Signature _____ Type or Print Name _____ Date _____ License No. _____

PLEASE RETURN THIS FORM DIRECTLY TO THE EMPLOYEE

INSTRUCTIONS

Completion of this form is required for paid absence time for the completion of an annual physical / eye examination. Time limitations are as follows:

- Comprehensive Annual Physical Examination: One (1) full day, which can be taken in two (2) half (½) days
- Eye Examination: One (1) half day – Unit 1 Employees Only

Submit this form, along with your signed Absence Certification / Request form to your location Personnel-Payroll Office.