Request for Leave Share Certification of Health Care Provider for Employee's Serious Health Condition	**DHRM Policy 4.35, Leave Share**

Leave Share provides an employee who has exhausted available leave balances with the opportunity to receive and use donated leave from colleagues. Employees must submit a complete and sufficient medical certification of a serious medical condition or injury that prohibits the employee's ability to perform their job duties with or without reasonable accommodation. Return the completed form to the Agency's Office of Human Resources.

SECTION I – EMPLOYEE INFORMATION	
Employee Name	
Employee Job Title	
Employee's Normal Work Schedule	
Brief Description of the essential functions of the Position (attach a position description):	

SECTION II – COMPLETED BY TREATING HEALTH CARE PROVIDER	
Health Care Provider's Name	
Business Address	
Business Phone Number	
Business FAX or Email	
Type of Practice/Specialty	
Identify Serious Medical Condition for which leave is requested	
Approximate date the condition started or will start	
Provide your best estimate of time needed for treatment/recovery and return to work	
Is the period of incapacity continuous or intermittent episodes?	
Provide your best estimate of how often and how long the intermittent episodes of incapacity will last.	
Treating Health Provider's Signature	**Date**

Employee Attestation	

By my signature below, I attest that this is a true and accurate statement of my personal medical condition and request for leave share donations. My failure to use donated leave in accordance with Policy 4.35 may result in formal disciplinary actions as outlined in DHRM Policy 1.60, Standards of Conduct.

Employee Signature	**Date**