



MIAMI DADE COLLEGE
Medical Release for Sick Leave Pool
Use of Extended Sick Leave
Extended Medical Leave of Absence Without Pay

Application Instructions: Complete A, B, & C, of this form. Return the original, fully completed, signed form to the District Human Resources Office on Kendall Campus. Make a copy of the form for your records before sending the completed form to Human Resources.

A. EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

MDID: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

City, State, Zip: _____

Employee Job Title: _____

Expected Dates of Absence: From: _____ To: _____

Reason for Absence: _____

- B. MDC employee must fill in the name, address and telephone number of attending physician(s) on reverse side of this form.
- C. The Independent Medical Administrator, contracted by MDC, is hereby authorized to perform review of medical records for the above named employee for the purpose of evaluating medical reasons for eligibility for the use of Sick Leave and/or Sick Leave Pool benefits. The employee is responsible for obtaining or releasing records and documentation to support his/her request.

Employee Signature: _____ Date: _____

- D. Send Signed original form to the District Human Resources Office
(Kendall Campus, 11011 SW 104 ST, Miami, FL 33176, Room 1107)

E. TO BE COMPLETED BY MEDICAL ADMINISTRATOR

Results: _____ Date Received: _____ Date of Review: _____

Attending Physicians Contacted: _____ Yes _____ No

COMMENTS:

Medical Foundation Services, Inc.
Case Management Program for Miami Dade College

F. TO BE COMPLETED BY MEDICAL ADMINISTRATOR

Results: Date Request Received: Date of Review:

Reason Patient Unable to Work:

Dates Patient Unable to work: From To:

Attending Physicians Contacted: Yes No

COMMENTS:

TO BE COMPLETED BY EMPLOYEE

Date:

Attending Physician Name:

Physician's Address:

City, State, Zip

Dear Doctor:

Your patient has applied to use the Sick Leave Pool or extended sick leave benefits by Miami Dade College. In order to receive these paid benefits, the patient must be unable to work and unable to perform his/her normal work duties.

We are serving as consultants to Miami Dade College. It is our role to evaluate the medical reasons and duration for which the patient is unable to report to work. Our opinion will be submitted to Miami Dade College for its consideration and further processing of the employee's request for benefits.

The employee's authorization to release patient information is attached to this letter. In order to assist the patient, please complete the enclosed questionnaire. You may also wish to submit any supporting documentation that will expedite our review process.

Thank you in advance for your assistance and cooperation.

Independent Medical Administrator