

MEMORANDUM

To: **Human Resources Department**
Direct Fax To: _____ **Certified** _____ **Classified**

From: _____

School: _____

Date: _____

Re: **Certified/Classified Employee
Medical Leave Update**

This form school be completed and faxed to the Human Resources Department the **actual day** the employee **begins** and **ends** his/her medical leave as well as the **date** the employee **no** longer has **sick or personal days** to cover the absence.

Employee: _____

Social Security: _____

Actual Date of Departure: _____

Actual Date of Return: _____

**Date Employee No Longer
Has Sick Or Personal Days
To Cover Leave:** _____

FAX TO: 379-2255

9/5/2003