



Employee Medical Certification Form



I. TO BE COMPLETED BY EMPLOYEE

Name: _____ Date: _____
Home Address: _____ SSN: _____
Department: _____ Home Phone: _____
Job Title: _____ Dept. No.: _____

Position: Full-Time Part-Time Type of Leave: FMLA Non-FMLA
Brief Description of Duties:

Concerning this disability leave: After exhaustion of sick leave, do you elect to use annual leave? Yes No

Signature of Employee: _____

II. TO BE COMPLETED BY HEALTH CARE PROVIDER:

Name of Physician: _____ Date: _____
Address: _____ Telephone: _____
Projected Dates of Disability: _____ to _____
(Dates can be amended) (Date disability is to start) (Projected date of return to work)

Brief Description of Disability: _____

Date(s) you treated the patient for condition: _____

Is the employee unable to perform any of his/her job functions due to the condition? Yes No

If so, identify the job functions the employee is unable to perform: _____

Describe any other relevant medical facts related to the condition for which the employee seeks leave (including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment:

Signature of Health Care Provider: _____

Type of practice/medical specialty: _____

Please forward this completed form to the Division of Human Resources, Benefits Office, Suite 803, 1600 Hampton Street, Columbia, S.C. 29208.

IV. TO BE COMPLETED BY DIVISION OF HUMAN RESOURCES:

Approved Disapproved

Notes: _____

Inclusive Dates of Leave With/Without Pay: _____ through _____

Authorized Signature: _____ Date: _____

Employer information completed as attached.

Employee Medical Certification Form

NOTE: The purpose of this form is to provide medical certification of an eligible employee's medical condition. If FMLA is being filed as a result of an eligible family member's disabling medical condition, the Family FMLA Certification form needs to be completed.

1. An eligible employee whose absence will exceed three days as a result of illness, injury, or maternity may apply for disability leave, which will require medical certification.
2. If the period of disability certified by the health care provider exceeds the employee's accrued sick leave, the employee may use accrued annual leave or consider taking a leave without pay. The Employee Medical Certification form (P-75) must be completed by the employee and the licensed health care provider and also requires approval from the Benefits Office. In addition, the Employee Request for Leave form (P-83) is to be completed and approved by the department in relation to time missed from work.
3. The request for authorized leave of a permanent employee may not be denied for disabling illness or injury that has been certified by the treating licensed health care provider. Authorized leave will be granted with reinstatement privileges to the same position or comparable position for which the employee is qualified.
4. The amount of authorized leave may not exceed the time certified by the licensed health care provider. Additionally, leave authorization generally may not exceed 180 calendar days of combined leave (with and/or without pay).
5. If the employee generally does not return to work by the end of the maximum time stated above, reinstatement privileges may be forfeited and the employee may be separated from University service.
6. In extenuating circumstances and at the discretion of the Vice President for Human Resources or the Vice President's designee, the period of authorized leave may be extended up to a combined total of 365 calendar days, provided that the employee is expected to return to work within that time period. S.C. Budget and Control Board approval is required if disability leave is to be extended beyond 365 calendar days.
7. The employee must use all sick leave before being placed in leave without pay status, unless the Vice President for Human Resources or the Vice President's designee grants an exception at the employee's request for good cause shown. Following use of sick leave, the employee has the option of using or retaining accrued annual leave prior to going on leave without pay. The employee also has the option of using or retaining accrued sick/annual leave following the period for which an exception is approved, as outlined above.
8. Work-related disabilities also are subject to the above policy. See the [Workers' Compensation Policy HR 1.66](http://www.sc.edu/policies/hr166.pdf) (<http://www.sc.edu/policies/hr166.pdf>).

Employee Medical Certification Form Procedure

1. Disability leave due to illness, injury, or maternity that exceeds three working days will be made on the Employee Medical Certification form (P-75).
2. The application must be completed by the employee and the employee's licensed health care provider and sent to the Division of Human Resources' Benefits Office in Suite 803, 1600 Hampton Street, Columbia, S.C. 29208.
3. Sick leave will be granted only for the inclusive dates of disability certified by the treating health care provider on the Employee Medical Certification Form (P-75); however, the physician may amend the dates by providing a supplemental statement. Dates authorized must fall within federal, state and University regulations, statutes and guidelines.
4. Prior to approval, the University will require the licensed health care provider's certification required in the Employee Medical Certification form (P-75) describing the employee's disability and giving the projected inclusive dates of disability.
5. The University may require additional documentation from the licensed health care provider issuing the certification or may secure additional medical opinions from other physicians.
6. A release to return to work must be documented by the doctor and forwarded to the employee's departmental human resources office, as well as to the University's Benefits Office prior to (or upon) the employee's return to work.

NOTE: The above is only a part of the University's [Sick Leave Policy, HR 1.06](http://www.sc.edu/policies/hr106.pdf) (<http://www.sc.edu/policies/hr106.pdf>).