



Rainy River District
Social Services
Administration Board

Request for Physician Ordered Sick Leave Form

Employee Name: _____ Date of Request: _____

Please note that all *Physician Ordered Sick Leave* requests must be accompanied by documentation from a duly qualified Medical Practitioner, specifying the date(s) the employee is expected to be off.

I have attached documentation from a duly qualified Medical Practitioner

I am requesting a total number of _____ days / weeks to be away from my job for *Physician Ordered Sick Leave*.

First day off-work for *Physician Ordered Sick Leave*: _____

Expected Date *returning* from *Physician Ordered Sick Leave*: _____

Additional Information or Comments:

Employee Signature

Date

Approval of Supervisor

Date

Original to Human Resources

Copy to Finance