

**PHYSICIAN'S STATEMENT FOR ABSENCE
DUE TO MATERNITY ONLY**

TO BE COMPLETED BY PHYSICIAN/MIDWIFE ONLY

**SEND TO: DIRECTOR, HEALTH SERVICES (725 Harrison St., Syracuse, NY 13210)
(435-4147 or 435-4146) FAX - 435-4859)**

This is to certify that I have examined _____ (_____) _____
First Init. Maiden Last
_____/_____ on _____, 20_____
Job/Title School/Department Date

Employee ID # Home Phone # Cell Phone #

Date of onset of absence (if known): _____, 20____ Complications? Yes _____ No _____ If yes,
please explain: _____

Estimated Date of Delivery _____ **Date of Last Period** _____

Will you be returning to work at the end of your maternity leave? Yes _____ No _____ Will you be taking a child care leave?
Yes _____ No _____ You must submit a written request to the Director of Personnel for a Child Care Leave. **You must also
be medically cleared from your maternity leave before beginning your Child Care Leave.**

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For Health Services Only: Actual Delivery Date _____ *Normal* _____ *C-Section* _____

<u>FOR USE OF HEALTH SERVICES DIRECTOR ONLY</u>	
Absence commenced on _____	
Comments: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ <i>Signature/Health Services Director</i>	
_____ <i>Date</i>	

Physician's Name (Please Print)

Physician's Signature

Address/Street and Number

City/State/Zip Code

Telephone #

Date

* It is the policy of the Syracuse City School District to grant sick leave benefits during periods of maternity or personal illness disability in an amount equal to, but not exceeding, unused accumulated sick leave for the period of actual physical disability and not for any additional time off which is a matter of convenience or family or personal preference. The District reserves the right to evaluate the recommendations and conclusions of an employee's private physician, and also has the sole and exclusive discretion to determine the legitimacy of each claim processed.

**I hereby authorize _____ to disclose the health information described above
to Dr. Richard P. Kulak, FAAFP, SCSC, 725 Harrison St., Syracuse, NY 13210**

Employee Signature _____
Date