

**CITY OF DOTHAN  
APPLICATION FOR EMERGENCY SICK LEAVE**

**TO BE FILLED OUT BY EMPLOYEE**

I, \_\_\_\_\_ Employee ID Number \_\_\_\_\_, an employee of the \_\_\_\_\_ Department, request EMERGENCY SICK LEAVE. Emergency Sick Leave is qualifying leave under the Family Medical Leave Act that is intended to be used for catastrophic illnesses, major injuries, and impairments of the employee or his/her immediate family member (s). Immediate family members are defined as: spouse, child, or parents. Below is the doctor's certification of my illness or illness of my immediate family member, and the number of working days requested for emergency sick leave.  
**Employee's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Required to Support Emergency Sick Leave  
TO BE FILLED OUT BY EMPLOYEE'S PHYSICIAN**

**DOCTOR'S CERTIFICATE**

***320 HOURS MAXIMUM LIFETIME BENEFIT PER EMERGENCY SICK LEAVE POLICY***

I hereby certify that \_\_\_\_\_ is under my professional care for treatment of \_\_\_\_\_. Said patient's present condition is such that disables him/her from work in the position of \_\_\_\_\_ for an estimated period of \_\_\_\_\_ working days. I recommend this employee be granted emergency sick leave for the number of days indicated or until such time that he/she is released by the undersigned for full time duty.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: (Please print or type) \_\_\_\_\_

Physician Speciality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT HEAD**

After reviewing the complete attendance summary for the proceeding twelve months (copy attached) for this employee, this request for an emergency sick leave hours is:      **APPROVED**                      **DENIED**

**Department Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If approved: Date Emergency Sick Leave authorized to begin: \_\_\_\_\_ # of hours: \_\_\_\_\_

**TO BE COMPLETED BY PERSONNEL DEPARTMENT**

**Request:**    **Approved**    **Denied**                      **Personnel Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ROUTE ORIGINAL:     PERSONNEL DIRECTOR  
 PAYROLL  
 201 FILE

COPY:     ASSISTANT PERSONNEL DIRECTOR  
 DEPARTMENT HEAD  
 EMPLOYEE  
 DEPARTMENT PAYROLL CLERK