

ANTICIPATED MEDICAL LEAVE

DATE: _____

TO: Human Resources
 Lawndale Elementary School District

FAX to (323) 680-4991

FROM:

EMPLOYEE NAME	
SCHOOL SITE	POSITION
EMPLOYEE SIGNATURE	

The above named employee will require a medical leave:

The first day of absence will be: _____

Surgery is scheduled for: _____

Anticipated return date is: _____

PHYSICIAN SECTION – PLEASE COMPLETE AND RETURN (OR FAX) TO LESD

PHYSICIAN NAME		DATE
ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE
PHYSICIAN SIGNATURE		

Special note: Employee is required to provide HR a return to work note sign by the doctor at least 24 hours prior to return date.