EMERGENCY LEAVE – MEDICAL REQUEST FORM
(An acute injury or illness that poses an immediate risk to the employee's own personal health or immediate family)

Date: _____

Request #_____ for Academic Year _____

Attach PfISD Emergency Leave Physician's Statement Form. Forward All Copies To Kristin Baum, Leave Coordinator.

SCHOOL/LOCATION_____ ASSIGNMENT/POSITION_____

NAME_____
First Middle Last

ADDRESS_____
Street City State Zip

E NUMBER #_____ PHONE:_____

NUMBER OF DAYS REQUESTED FROM BANK_____ (3 days maximum, 1 day minimum)

REQUEST IS FOR ABSENCES RELATING TO:

- ☐ Self
- ☐ Spouse
- ☐ Son/daughter
- ☐ Parent

REASON FOR LEAVE REQUEST:_____

_____

VERIFICATION OF DATES OF ABSENCE(s) FOR WHICH LEAVE IS REQUESTED: _____

EMPLOYEE'S SIGNATURE:_____ Date: _____

SIGNATURE OF IMMEDIATE SUPERVISOR:_____ Date: _____

EMERGENCY LEAVE OFFICIAL (OFFICE USE ONLY)

Request Approved: Yes ____ No____ Signature:_____ Date:_____

MEDICAL INFORMATION – PHYSICIAN VERIFICATION

Request for Emergency Leave

Employee Information

NAME_____
First Middle Last

ADDRESS_____
Street City State Zip

I authorize the release of medical information to Pflugerville ISD for consideration of requested leaves.

Employee Signature: _____

Date:_____

TO BE COMPLETED BY PHYSICIAN

Medical diagnosis of the condition(s):_____

_____

_____

_____

_____

_____
PHYSICIAN'S NAME (Please Print)

_____
PHYSICIAN'S SIGNATURE

ADDRESS_____
Street City State Zip

_____
Date