



How to Submit the Health Care Provider Certification.

1. **Download the Health Care Provider Certification** and request the health care provider to complete it.
[Certification of Health Care Provider for Employee's Serious Health Condition](#)
[Certification of Health Care Provider for Family Member's Serious Health Condition](#)
2. Go to **TalentEd Records** (records.nsd.org). Use your employee credentials.
3. In the left-hand menu, click **Available Forms**.
4. Select **Leave of Absence: Supporting Documents 2025-26 SY**.

The screenshot shows the Northshore School District TalentEd Records interface. The 'Available Forms' section is highlighted with a red circle. The form 'Leave of Absence - Supporting Documents 2025-26 SY' is circled in red.

5. Answer the question by **checking the box**.

The screenshot shows the 'Leave of Absence - Supporting Documents 2025-26 SY' form. The checkbox for 'I acknowledge and certify that I have submitted the Leave of Absence application.' is circled in red.

Leave of Absence - Supporting Documents 2025-26 SY

If you haven't submitted your Leave of Absence Request, STOP here and go to this link and complete the application electronically first: [LOA APPLICATION](#)

Step 1 - Download the required form:

Certification of Health Care Provider for Employee's Serious Health Condition -> [CLICK HERE](#)

Certification of Health Care Provider for Family Member's Serious Health Condition -> [CLICK HERE](#)

Medical Professional Authorization for Employee to receive Shared Leave Donations -> [CLICK HERE](#)

Step 2 - Upload

Submit the completed and signed document(s) as an attachment here.

Employee ID (required)

Have you submitted your Leave of Absence Application? (required)

I acknowledge and certify that I have submitted the Leave of Absence application.

Attachments

Application to Receive Shared Leave Donations [Upload a file](#)

Health Care Provider Certification [Upload a file](#)

Other Types of Supporting Documents [Upload a file](#)

Please Click to View/Hide the Workflow

Current User

Date

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Save Final](#)



6. Upload **the Supporting Documents** by clicking **Upload a file**.

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Attachments

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Health Care Provider Certification	Upload a file
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Date	

[Close](#) [Print](#) [Print as PDF](#) [Save Draft](#) [Save Final](#)

7. Click **SAVE FINAL**.

