Chad Daugherty
Superintendent

Dorchester
School
District Two
815 SOUTH MAIN STREET SUMMERVILLE, SC 29483 • (843) 873-2901 • FAX (843) 873-4053

Medical Attestation for Use of Sick Leave Bank Days

This form must be completed by a licensed medical professional (MD, DO, Physician's Assistant, or Nurse Practitioner only)

Please return this form with the Application for Use of Sick Leave Bank Days to sickleavebank@dorchester2.k12.sc.us

Full Name of Employee: _____ Date of Birth: _____

Full Time Leave: ◯ Intermittent Leave: ◯

Diagnosis of catastrophic illness or injury that prevents attendance at work:

_____

_____.

How does this condition a ect the person's ability to attend and complete assigned job duties:

_____

_____

_____

_____.

Beginning Date of Nonattendance: _____Projected Return Date: _____

I certify that the above-noted patient cannot attend to their primary job duties, even with reasonable accommodations.

Signature of Provider: _____ Date:_____

Printed Name and Title of Provider: _____

Provider Address and Telephone Number: _____