

Roane State Community College Sick Leave Bank

Physician/Surgeon Statement

Patient name: _____

The following information is to be provided by the attending physician. (Please **print** or **type** in legible layman terms.)

Treatment: _____

Date of surgery or emergency treatment: _____

Date of follow-up appointment: _____

Expected duration of disability: _____

Prognosis: _____

Estimated date of return to work: _____

Is this treatment/surgery due to a recurring condition? Yes _____ No _____

* Is this treatment/surgery considered elective? Yes _____ No _____

*(See page two for definition, as pertains to the RSCC Sick Leave Bank policy.)

Please use this space for additional comments. _____

Employee (or SLB Chairman) Signature

Date

Print Physician/Surgeon Name: _____

Name of Practice: _____ Phone # _____

Physician/Surgeon Signature

Date

ATTN: Attending Physician

The purpose of the Roane State Community College Sick Leave Bank is to provide emergency sick leave to members of the bank who have suffered an unplanned personal illness, injury, disability, or quarantine and who have exhausted their personal sick, annual and compensatory leave.

Elective surgery*

* For purposes of the Sick Leave Bank, elective surgery is defined as **a planned, non-emergency procedure**. Elective surgery may extend life or improve the quality of life and may even be required, such as in the case of an angioplasty. However, **if the surgery can be scheduled in advance, whether at the patient's or surgeon's convenience, rather than needing to be performed immediately**, it is considered elective.