



UNIVERSITY OF CINCINNATI PHYSICIANS

# Long Term Sick Qualification Form

Per UCP policy, some absences may qualify for the use of Long-Term Sick (LTS) time. After receiving necessary management approval for planned and/or foreseeable absences, employees must complete this form and send it to the appropriate HR Consultant with the required documentation attached, to request use of LTS time.

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Dates Requested: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_

**Please indicate the reason for the current LTS request:**

Reason	Required Documentation
Approved FMLA for employee's own health condition	FMLA Certification of Health Care Provider
Same-day surgeries and invasive procedures requiring minimum conscious sedation	Doctor's note, provided with a minimum of two weeks' notice, if possible
Illnesses lasting more than three days	Doctor's note, if available
Death of an immediate family member, as defined in the UCP handbook.	No documentation required

*Certification and Approval*

I certify the above statements are true and understand that falsification of this signed statement shall be grounds for disciplinary action, up to and including termination.

\_\_\_\_\_  
Employee Date \_\_\_\_\_

Approval for use of accumulated benefits is contingent upon the accuracy of the information provided. If time off with pay is requested and approved and the balance is insufficient to cover the period, the additional time off may be approved without pay. Inaccurate or incomplete information nullifies the approval.

\_\_\_\_\_  
Signature of Human Resource Consultant Date \_\_\_\_\_

Leave is: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

*HR Consultant will forward completed form to employee, employee's supervisor, and payroll specialist. Medical documentation will be kept confidential in HR files only.*