

Physician Certification for Parental Leave

Employee Name:

First

MI

Last

Tech ID:

Patient's Name (if
other than employee):

First

MI

Last

INSTRUCTIONS:

Your patient has requested Parental Leave for the birth of his or her child. In order to proceed with the employee's request, please complete the following. Answer, fully and completely, all applicable parts. The questions below seek a response as to the duration of a condition, and/or treatment. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine coverage for Parental Leave. Please be sure to sign the form.

Provider Name:

Type of Practice/
Medical Specialty:

Address:

Street or PO Box

City

State

Zip Code

Telephone:

Fax:

Patient Information

(1) Is the medical condition pregnancy?

NO YES

If yes, expected date of delivery: _____

(2) Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?

NO YES

If yes, estimate the period of incapacity: Beginning Date: _____ Ending Date: _____

Physician Signature

Date

Please return the completed form to the employee or submit directly to Texas Tech University Human Resources

Mail: Human Resources PO Box 41093 Lubbock, TX 79409

Fax: 806-742-3666

E-mail: hr.leaveadministration@ttu.edu