



12 Taft Court | Rockville, MD 20850 | Telephone: 301.294.6232 | Fax: 202-244-0251 | www.mceanea.org

MCPs/MCEA FAMILY MEDICAL CRISIS LEAVE BANK

MEDICAL DOCTOR'S STATEMENT

CONFIDENTIAL

Please return form to MCEA via Fax or Email at slb@mceanea.org

The Family Medical Crisis Leave Bank (FMCLB) is to provide family illness leave to MCPs Bargaining Unit members who have exhausted **ALL** available forms of sick, personal, and annual leave. The FMCLB is solely for situations for catastrophic and life-threatening illness or injury (medical emergency) to **MEMBERS OF THE IMMEDIATE FAMILY**. This leave is **NOT** available for the employee's illness or injury.

Patient's Name: _____

Patient/Representative Signature: _____ Date: _____

(The patient's signature indicates approval of the necessary HIPPA releases to provide the requested information.)

Employee's Name: _____ Employee's Relation to Patient: _____

TO BE COMPLETED BY PHYSICIAN

This benefit is funded by Montgomery County Public Schools employee donations of leave. This is not an insurance benefit or funded by any other means.

FAILURE to provide and complete all fields on this form may result in a delay or denial of the requested grant.

Required statement of illness, care needed from applying member, expected duration of required absence from work of the applying unit member:

Licensed Medical Doctor's Name: _____ Telephone: _____

Physician's Signature: _____ Date: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

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