

MADERA UNIFIED SCHOOL DISTRICT EMPLOYEE MEDICAL INDUSTRIAL LEAVE APPOINTMENTS VERIFICATION

Please make sure to enter any absences due to a medical appointment or Physical Therapy for Workers' Comp in Aesop to be charged to "ILLNESS". This form <u>MUST</u> be turned into the Risk Management office on the same day of your appointment. Your time will then be credited/adjusted from "ILLNESS" to "INDUSTRIAL ACCIDENT" upon receipt. You may also choose to fax form to 559-673-5565 or email to <u>valariebaez@maderausd.org</u>

| Employee Name | Job Title | Work Location | Work Hours |
|---------------|-----------|---------------|------------|
| | | | |
| | | | |

| Date | Name of Treatment Facility | Time | Time | Medical Staff |
|------|----------------------------|------|------|---------------|
| | (Stamp Here) | In | Out | Signature |
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I certify that the above is the accurate account of the actual hour(s)

I attended my industrial leave medical appointment.

| Employee Signature |
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