



**NORTHEAST
STATE**

We're here to get you there

Sick Bank Certificate of Condition

Employee's First and Last Name

Date of Request

The employee listed above is employed by Northeast State Community College and is an active member of the college's Sick Bank. The Sick Bank is designed to provide emergency sick leave to members who experience an unforeseen personal illness, injury, disability, or quarantine, either for themselves or for the care of a minor child, and who have exhausted all accrued sick, annual, and compensatory leave. Sick Bank leave may not be used for elective procedures. Program regulations require the employee to submit a certificate of condition from a state-certified physician verifying the nature of the illness or injury and confirming the employee's inability to work

Please complete the next sections, identifying the nature of the illness and/or injury and certifying the condition to be a disability to perform the employee's regular assigned duties and the anticipated return to work date.

Employee's absence is due to an unplanned personal illness, injury, or disability. (Elective procedures are in eligible):

Yes

No

Please list the number of days or weeks that the employee will not be able to work:

Anticipated Return to Work Date:

Nature of Illness/Extent of Injury:

I certify that the above illness/injury is a disability that will prevent the employee from performing his/her regular assigned duties.

Signature of State-Certified Physician

Physician's Printed First and Last Name:

Date Signed: