



ISTC SICK LEAVE BANK
PHYSICIAN'S CERTIFICATION OF CATASTROPHIC LEAVE

Instructions: Please complete the following information on the ISTC employee in your care. Return the completed form to

Ms. Jeanna Givens
ISTC Payroll Office
Ingram State Technical College
Post Office Box 220350
Deatsville AL 36022-0350
FAX: 334-285-9983 e-mail: jeanna.givenas@istc.edu

The Alabama Community College System (ACCS) Board of Trustees defines catastrophic illness as “any illness, injury, pregnancy or medical condition related to childbirth, certified by a licensed physician which causes the employee to be absent from work for an extended period of time”.

Licensed Physician Certification:

I certify that (PATIENT NAME) _____

is diagnosed with the following catastrophic illness or injury: _____

The expected recuperation period requiring the employee's absence from work is: _____

Additional Comments:

Signature of Attending Physician

Date

Typed or Printed Name

ISTC's policy requires certification of catastrophic illness on a monthly basis. Should this patient's status change prior to the next certification period, please notify Ms. Jeanna Givens / ISTC Payroll Office / Ingram State Technical College / Post Office Box 220350 / Deatsville AL 36022-0350. By FAX at 334-285-9983; or by e-mail at jeanna.givenas@istc.edu.