

**NEVADA SYSTEM OF HIGHER EDUCATION  
REQUEST FOR EXTENDED SALARIED SICK LEAVE  
MEDICAL CERTIFICATION**

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

I am requesting Extended Salaried Sick Leave from my employer, and under the provisions of the Board of Regents Code, my employer requires that I submit medical certification that I am unable to perform or resume my duties. Please answer the questions listed below so that I can complete my request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

.....  
PHYSICIAN NAME: \_\_\_\_\_

TYPE OF PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
.....

Approximate Date condition commenced: \_\_\_\_\_

Probably duration of condition: \_\_\_\_\_

Is the employee unable to perform any of his/her job functions due to the condition: \_\_\_ Yes \_\_\_ No

Describe the medical facts which support your certification that the employee is unable to resume their duties (this may include symptoms, diagnosis, or any treatment regimen):

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date