

SANDIA PROPRIETARY INFORMATION

Personally Identifiable Information (when completed)

Sandia National Laboratories

INSTRUCTIONS FOR COMPLETING PHYSICIAN'S CERTIFICATE OF ILLNESS/INJURY (PCII) For Sickness Absence and FMLA

INSTRUCTIONS TO MANAGER:

The immediate **manager** of an employee who has been absent due to illness or injury for three (3) full consecutive calendar days, and anticipates the **absence could meet criteria in #1 below**, should provide to the employee with the Physician's Certificate of Illness/Injury (PCII) by the third day of absence. In the event of a scheduled surgery or other scheduled treatment, the manager may provide the employee with this form in advance of the anticipated absence. The manager should provide a description of the employee's primary job duties in the box titled Description of Job Duties/Responsibilities so the employee's physician can assess the employee's ability to return to work and recommend any needed medical restrictions.

INSTRUCTIONS TO EMPLOYEE:

Sickness absence benefits provide for temporary leave for diagnosed medical conditions with a goal of assisting employees in successfully returning to work. To qualify for paid sickness absence benefits and to allow Sandia to determine your eligibility for leave under the Family Medical Leave Act (FMLA), please follow these instructions. Failure to comply may result in denial of sickness absence benefits and/or denial of FMLA leave. NOTE: FMLA designated for your own illness/injury will run concurrently with Sickness Absence.

QUESTIONS: Please call HR Benefits Customer Service, (505) 844-4237, Option 2 (NM) or, (925) 294-2700 (CA).

1. You are required to submit this form when you:

- have been absent for 5 consecutive work days or 7 consecutive calendar days,
- have had surgery and/or were under general anesthesia (exceptions: colonoscopies, laser eye surgery and routine dental and dermatology procedures *without* complications),
- have been admitted to the hospital,
- have been absent due to a heart or psychiatric condition,
- require medical restrictions,
- are requested to submit a PCII by your manager and/or Employee Health Services,
- need an extension to a current sickness absence, and/or
- are on a plan that requires a PCII for all absences.

For SNL/CA employees who are eligible to file a State Disability Insurance (SDI) claim, the "Doctor's Certificate" (page 3) of the State Claim form (DE2501) will be accepted in lieu of a PCII.

2. The PCII must be received by HR Benefits within 15 calendar days of the first date of absence. You must be seen by your personal physician or an Urgent Care facility within the first five full consecutive workdays or seven full consecutive calendar days of absence to have this form completed. The PCII must be complete or sickness absence benefit time may be denied. *Sandia Medical will only complete this form under rare circumstances.*

3. Employee Health Services and/or the employee's manager may require a PCII for absences of shorter duration than stated above when in their opinion circumstances warrant. During lengthy absences, you may be required to submit additional PCII's or medical documentation to support the absence, to sign a release for medical information, or to report to the SMC Clinic.

4. You must Return to Work through the Sandia Medical Clinic if you:

- meet any of the above PCII submission requirements.
- wear a dosimeter and have undergone a nuclear medicine procedure,
- were absent because of a work-related illness or injury,
- were evaluated by an outside facility for a potential exposure,
- were absent as a result of any injury or treatment (including medication) that might affect your job performance,
- were evaluated by an outside health facility for a potential Sandia exposure to a hazardous substance or electrical shock,
- participate in the CDL, HRP and/or Crane and Hoist, please refer to your specific program regulations and/or
- were requested by your manager or Employee Health Services to do so.

Telephonic return to works will ONLY be done for an employee's return after childbirth or for employees working in remote sites.

5. It is your responsibility to discuss the return to work date with your treating physician or health care practitioner and your manager. You are responsible for returning to work by the date specified on the PCII and approved by the Employee Health Services or submitting a new or modified PCII (or other acceptable medical documentation) before the original approved return-to-work date has expired. Please note, while input from employee's personal health care provider is considered in making the determination on the return to work date, the ultimate decision is made by Employee Health Services. The Official Disability Guidelines are also used in determining the amount of sickness absence approved.

6. You must ensure that the top portion of this form is completed including signing the Authorization for Release of Medical Information. Providing this authorization is required for approval for paid leave under HR100.4.14. This authorization grants permission to your health care provider to provide supportive medical information for this absence only and will be used to determine eligibility for sickness absence benefits. The Authorization for Release of Medical Information beyond that contained in the PCII will not be used in evaluating your eligibility for FMLA benefits. However, absences associated with paid and approved sickness absence benefits could meet the requirements of the Family and Medical Leave Act (FMLA) for personal sickness. Any FMLA qualified absence under Sandia's sickness absence benefits will count toward the employee's FMLA entitlement. See FMLA poster at:

<https://www.dol.gov/whd/regs/compliance/posters/fmla.htm>

7. The diagnosis and treatment of the physician or health care practitioner completing this form must be within the scope of their practice and should normally be completed by a Doctor of Medicine (MD), or Doctor of Osteopathy (DO). **All absences must fall within the Official Disability Guidelines.** PCII's are accepted from other health care practitioners only in the following limited situations:

- Chiropractors: Accepted only for spinal-muscular problems with signs and symptoms directly in the back. They are not accepted for other health problems, the signs and symptoms of which are in other parts of the body, whether or not attributed to the back by the practitioner.
- Dentists: Absence involving dental care or treatment that temporarily prevents you from working. Routine visits (fillings, cleaning, minor extractions) or treatments of similar nature are not considered an illness/injury.
- Podiatrists: Accepted only when treatment is appropriate for the illness or injury.
- Certified Nurse Practitioner and Physicians' Assistant: accepted only when the treatment is appropriate for the illness or injury.
- Certified Nurse Midwife: any absence involving normal, uncomplicated obstetrics/delivery.
- Licensed Mental Health Professional (e.g. Psychiatrist, Licensed Psychologist, Licensed Professional Counselor): absence associated with behavioral health diagnosis.

8. Please obtain the approval of the Employee Health Services before you:

- Travel outside the local area (greater than 100 miles) during sickness absence for any reason, including medical treatment and/or testing. Routine medical visits or treatments between neighboring cities do not require Employee Health Services approval.
- Start a scheduled vacation immediately following sickness absence.

9. DOE M 472.2 Personnel Security requires that DOE Security Clearance be terminated when "the individual is on a leave of absence or on extended leave and will not require access to classified information or matter or Special Nuclear Material for 90 consecutive calendar days." This includes 90 consecutive calendar days of sickness absence. Prior to the employee's expected return to work, the badge office must be notified by the Manager to request clearance access reinstatement. If reinstatement is not completed prior to the employee's return, she/he will receive an uncleared access badge and be escorted until the reinstatement is complete.

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THIS PORTION COMPLETED BY EMPLOYEE / EMPLOYEE'S ORGANIZATION

Date Originated			Employee's Name			First Day of Absence (required)		
SNL ID No.			Address (Street, City, and State)			Daytime Phone #: Work Phone #:		
Org	Bldg. No.	Mail Stop	Date of Birth	Manager's Name and Phone No.			Union Represented <input type="checkbox"/> MTC <input type="checkbox"/> SPA <input type="checkbox"/> OPEIU	
Was this illness/injury the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				What was the cause of that accident? Briefly describe. (e.g. MVA, fall, fire, etc.)				
Description of Job Duties/Responsibilities:					Work Schedule		Job Title	

Authorization for Release of Medical Information
Required for paid leave under HR100.4.14 Use Sickness Absence Benefits; Not Required for Determining FMLA Benefits

Your Authorization for Release of Medical Information **WILL NOT** be used in evaluating your eligibility for FMLA benefits. However, providing this authorization is required in order to be approved for paid sickness absence leave under HR100.4.14.

I authorize any physician, medical practitioner, health care practitioner, hospital, Veterans Administration hospital, clinic, other medical or medically related facility having information as to diagnosis, treatment, and prognosis with respect to any physical or mental condition, and/or treatment of me related to this absence/illness only, to provide Sandia National Laboratories' Employee Health Services any and all such information. This authorization does not extend to genetic information and no genetic information should be provided. I understand that the information obtained by use of this Authorization will be used by Sandia National Laboratories' Employee Health Services to determine eligibility for sickness absence benefits. I understand that I have the right to revoke this authorization in writing at any time. This authorization will expire on _____ or one year from date of signature.

Employee's Signature _____ Date _____

THIS PORTION COMPLETED BY EMPLOYEE'S PHYSICIAN

TREATMENT DATES	Date <u>First</u> Seen for this Absence	Describe other relevant medical facts (i.e. treatment and est. duration)	Date <u>Last</u> Seen for this Absence
	DIAGNOSIS		Diagnosis Description (include complications if any)
SURGERY	Date	Type of Surgery	
HOSPITALIZATION	Date(s)	Name of Hospital	
WORK LIMITATIONS It is the Responsibility of the Employee to Discuss the Return-To-Work Date with the Physician.	<u>Restrictions upon returning to work.</u>		<u>Restricted Return to Work Date</u>
			<u>Full Duty Return to Work Date</u>

By signing this, I CERTIFY that the patient has been unable to work from the first day of absence (top of form) to the indicated return-to-work date OR is still unable to return to work.

Please note: Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b) on this form.

ATTENDING PHYSICIAN INFORMATION	Name (please print clearly)	Telephone Number
	Address	FAX Number
PHYSICIAN SIGNATURE		Date

PLEASE RETURN TO SANDIA NATIONAL LABORATORIES' HEALTH, BENEFITS AND EMPLOYEE SERVICES AT:

NEW MEXICO

Email: fmlasub@sandia.gov OR Fax: (505) 845-1046 OR
Mail: PO Box 5800, MS 1021, Albuquerque, NM 87185-1021

CALIFORNIA

Email: fmlasub@sandia.gov OR Fax: (925) 294-2392 OR
Mail: PO Box 969, MS 9112, Livermore, CA 94551-0969