Northeastern University
Human Resources

716 Columbus Avenue, Suite 250
Boston, MA 02120
Phone: 617.373.2230
Fax: 617.373.7610

Delivery – Northeastern Employee Medical Information Form

(to be completed by the employee's healthcare provider)

NOTE: This form is only for a medical leave if the healthcare provider determines the employee is disabled from work due to a serious health condition/post-delivery. The employee is also eligible for a bonding leave at the conclusion of a medical leave. Please determine how many weeks this employee would be disabled for a medical leave post-delivery.

Instructions: Please provide this form, or a healthcare provider's office note or letter with the below required information. The form needs to be provided to the Northeastern Leave Management Team to provide approval for a medical leave post-delivery.

Fax completed form to: (617) 373-7610; Attn: HR Leave Management Team

Employee Name: _____

Date of Delivery: _____

Type of Delivery:

□ Vaginal

□ C-section

Employee is disabled post-delivery for #_____weeks.
do NOT include a range

Healthcare Provider Information

_____ _____
Signature of healthcare provider *Date*

_____ _____
Printed name of healthcare provider and Title *Phone*

Address: _____ _____
Fax

_____

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