

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: _____

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