



Santa Ana Educators' Association Inc. CTA-NEA

2107 North Broadway, Suite 305 • Santa Ana, California 92706
PHONE: 714.542.6758 • FAX: 714.558.7333 • WEBSITE: santaanaeducators.com



Request for Medical Leave

I hereby request withdrawal of up to 20 days from the Santa Ana Educators Health Emergency Leave Program (HELP). I am enclosing this request as well as a note from my doctor indicating my medical condition/prognosis. I understand that I may be asked by the Help Emergency Leave Bank Committee to provide additional information.

I authorize the appointed members of the SAEA Health Emergency Leave Committee to review my annual leave allotment, which is on file at the Santa Ana Unified School District Office to determine when this initial 20-day withdrawal will take effect. In addition, I understand that periodically I will be asked to seek extensions of my HELP Bank withdrawals.

Furthermore, I affirm that I did not sustain this medical condition as a result of work related activity or work related stress.

Member Name (please print)

Date

School/Work Site

Grade/Assignment

Member Signature

Social Security

Please retain a copy for your records and return this copy to the Santa Ana Educators Association office at 2107 North Broadway, Suite 305; Santa Ana, California 92706. Phone 714-542-6758.



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Doctor: Please answer the following as completely as possible.

Patient's name _____

Onset of illness _____

Diagnosis _____

Recommended treatment

Please explain how and why this illness and/or treatment prevents the patient from fulfilling their professional duties

When is the patient expected to resume work

Physicians Signature _____

Date _____

*Please complete this form and seal it with physicians contact phone and address