

HCPSS – HCEA FAMILY CRISIS LEAVE EXCHANGE

**CONFIDENTIAL**

**MEDICAL DOCTOR'S STATEMENT**

5082 Dorsey Hall Drive, Suite # 102

Ellicott City, Maryland 21042

410-997-3440 FAX 410-997-3443

The Family Crisis Leave Exchange (FCLE) is to provide sick leave to HCEA Unit members who have exhausted **ALL** available forms of sick, personal and annual leave. The FCLE is solely for situations for catastrophic and life threatening illness or injury (medical emergency) to **MEMBERS OF THE IMMEDIATE FAMILY (SPOUSE, CHILD, OR PARENT)**. This leave is **NOT** available for the employees' illness or injury.

Patient's Name: \_\_\_\_\_

Employees Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Required statement of illness, including treatment plan, **expected** duration of required disability:

---

---

---

---

---

---

---

---

---

---

Patient/Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed Medical Doctor's Name (type or print) \_\_\_\_\_ Telephone \_\_\_\_\_

Licensed Medical Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Return this completed form to:***

***Elisa Lemaire, HCEA,***

**5082 Dorsey Hall Drive Suite 102 Ellicott City, Maryland 21042**

**[elimaire@mseanea.org](mailto:elimaire@mseanea.org) 410-997-3440**