



NORTHERN OKLAHOMA COLLEGE
FACULTY
MEDICAL LEAVE FORM

For SICK LEAVE, this form must be completed by the date of your return. Illness or incapacity which extends beyond a brief period of work days may, at times, need certification from the physician. A physician's release to work form may be requested from you for documentation purposes.

If requesting BEREAVEMENT LEAVE, it must be approved by the President, according to NOC's policy. When complete, please return this form to the Payroll Officer.

Name: _____ Position: _____

BEGINNING DATE OF ABSENCE: _____ LAST DATE OF ABSENCE: _____

TOTAL NUMBER OF HOURS ABSENT: _____

REASONS FOR ABSENCE: (check one)

_____ SICK LEAVE

_____ BEREAVEMENT LEAVE - Please identify relation of deceased (i.e. mother, father, sister, act.)

PROVISIONS FOR CLASS COVERAGE (LIST CLASSES MISSED AND PROVISIONS FOR EACH):

FACULTY MEMBER'S SIGNATURE: _____

DIVISION CHAIR'S SIGNATURE: _____

CAMPUS VICE PRESIDENT SIGNATURE: _____

VICE PRESIDENT OF ACADEMIC AFFAIRS SIGNATURE: _____

*PRESIDENT'S APPROVAL (only
required for BEREAVEMENT LEAVE): _____

(Note: For faculty teaching on a different campus from their division chair, please submit the form to the campus supervisor [either the VP for NOC Enid or VP for NOC Stillwater] so that they are aware of absence and can then forward it to the appropriate division chair.)