



STATE OF RHODE ISLAND
EMPLOYEE CERTIFICATION OF
NECESSARY ABSENCE FORM

For Absences of Three (3) to less than Five (5)
Consecutive Days Due to Illness, Injury, or Exposure
to Contagious Disease

Nothing contained herein exempts an employee's obligation to comply with the employing agency's procedures for the notice and authorization of such leave.

Employee's Name (Last, First, MI) (Please Print)

Job Classification Title

Department

Division/Unit

You must choose one of the following:

This absence is for myself.

This absence is for the care of an immediate family member (indicate relationship): _____
(Immediate Family is defined as: Wife, Husband, Child (including Foster Child), Mother, Father, Brother, Sister, Mother-in-Law, Father-in-Law, Grandmother, Grandfather, any other family relative residing in the employee's household or domestic partner of the same or opposite sex who have lived in the same household for at least six (6) months and have made a commitment to live as a family)

Duration of Absence: from _____ through _____
(Beginning Date of Absence) (Ending Date of Absence)

I certify that the leave/absence requested above is/was necessary and that there are no willful misrepresentations or falsifications. I understand that should an investigation disclose any misrepresentations or falsifications, my authorization for such absence due to illness shall be revoked and I shall be subject to appropriate disciplinary action, up to and including termination.

Signature

Date

RETURN THIS COMPLETED FORM TO YOUR HUMAN RESOURCES OFFICE

Notice

To protect employee privacy rights, all documents containing confidential medical information are maintained as confidential medical records and are kept in separate, secure medical files in the Human Resources Service Center office. Access to these records is restricted as provided by law. Nothing contained herein shall adversely affect an employee's entitlement to leave pursuant to either State or Federal Laws concerning Family/Medical Leave. All absences due to qualifying medical reasons shall count towards an eligible employee's leave under such laws. Qualified employees who require leave pursuant to the Family and Medical Leave Act (FMLA) must complete and submit the required FMLA forms. For more information, contact your Human Resources Service Center. All leave requests may be subject to investigation and audit.