

Sick Verification Form

The completed Sick Verification Form provided to the Company verifies the absence referenced below is required by the employee's illness or injury. Please fax this completed form to the Absence & Return Center (ARC) fax number below.

A. This section to be completed by the employee.

Name: _____	Employee Number: _____	Base: _____
Job Title: _____	Phone Number: _____	
E-mail Address: _____	Absence Begin Date: _____	
Name of Health Care Provider (HCP) for your illness or injury: _____		
I grant permission for the Company to contact my HCP indicated above for clarification: Yes _____ No _____		
_____ Employee Signature		_____ Date
Supervisor Name: _____		Supervisor Phone Number: _____

FMLA: If you believe you have an FMLA (Family and Medical Leave Act) qualifying condition and have not already applied for FMLA Leave, you may do so by submitting a completed FMLA Certification Form and faxing it to the number noted on the FMLA form. The FMLA Certification Form can be found on Jetnet on the Time Away From Work page or contact the Absence and Return Center (ARC) team at 817-967-6700 for assistance.

Return to Work: Certain absences will require a return to work clearance from your treating Health Care Provider. Clearance by your treating Health Care Provider is necessary if one of the following applies:

- Hospitalization (admitted to the hospital), surgery (in or outpatient) or emergency room visits;
- Medication that can affect alertness, mental function, or affect public safety;
- Absent from work for 30 or more consecutive calendar days;
- Injury to the eyes, ears and/or head;
- Blocked ears (crewmembers only); and/or,
- You are unable to or unsure if you are able to perform the essential job functions of your job. (Please see the Return to Work Form for your position, which sets forth the essential functions of your job).

If one of the above applies to you, your treating Health Care Provider will need to complete and submit the Return to Work Form for your specific position. You can find your specific Return to Work Form on Jetnet on the Time Away From Work page or contact the Absence and Return Center (ARC) team at 817-967-6700 for assistance. **Fax the completed Return to Work form to ARC and report to work on the date your Health Care Provider indicates on the form.**

If none of the above clearance requirements applies to your absence, a return to work clearance is not required. Follow your work group's normal return to work process.

B. This section to be completed by the HCP indicated above. Only provide information for the illness or injury that gave rise to the above-referenced absence.

We would like to thank you for your care and treatment of our colleague and we ask that you partner with us by completing the information below. **Please type or print answers.**

1) Date(s) of treatment for purposes of this absence? _____
2) Is the employee able to work at this time? Yes _____ No _____
If NO, what is the anticipated date for return to work? _____
3) Re-evaluation date? _____
Health Care Provider (print name): _____
Specialty/Type of Practice: _____
Phone Number: _____ Fax: _____
Health Care Provider Signature: _____ Date: _____

Fax Number: 1-855-895-3684