

**CONFIDENTIAL**  
**COLLIER COUNTY SHERIFF'S OFFICE**  
**PHYSICIAN'S STATEMENT FOR FAMILY MEMBER LEAVE\***

Member (Employee): \_\_\_\_\_

Patient: \_\_\_\_\_

Member's (employee's) relationship to patient: \_\_\_\_\_

It is necessary for the subject member to be off work to care for the subject patient with a serious health condition. The patient requires assistance for basic medical or personal needs, safety, transportation; or the member's presence to provide psychological comfort would be beneficial to the patient or assist in the patient's recovery. Dates of this required leave are as follows:

Beginning Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_

If the patient will need care only intermittently or on a part-time basis, please explain and indicate probable duration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self insured program, files a statement of claim containing false or misleading information is guilty of a felony of the third degree.

**RETURN TO: Human Resources Division; Collier County Sheriff's Office,  
3301 Tamiami Trail East Building. J-1, Naples, FL 34112  
Fax: (239) 793-9181 Office Phone: (239) 793-9264**

*\*For purposes of CCSO Sick Leave policy, family member is defined as spouse, parent or child below the age of 18 (or older, if they are incapable of self-care because of a physical or mental disability).*