



**CITY OF MILWAUKEE APPLICATION FOR
ACCRUED TIME OFF DONOR PROGRAM**

(r. 06.17.14)



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, hereby request authorization to participate in the Accrued Time Off-Donor Program, established by Common Council File #932015 and MCO 350-45, due to a terminal or major catastrophic illness, as certified below. I authorize my treating physician to fill out the Physician's Statement indicated below. I understand that the City of Milwaukee reserves the right to require me to obtain, at my own expense if not covered by the health insurance provider, a second opinion from a physician of my choice as to the nature of the physician's diagnosis and prognosis contained in the physician's statement below.

Return the completed original form to the:
Department of Employee Relations, Attn: Kristin Urban
200 E. Wells Street-Room 706, Milwaukee, WI 53202

EMPLOYEE STATEMENT

I certify that I have read and understand the procedures outlined in the "Accrued Time Off-Donor Program" guidelines that accompanied this application.

Employee Signature

Date of Birth

Employee ID #

Date Signed

PHYSICIAN'S STATEMENT

This is to certify that (employee/immediate family member) _____ has been under my professional care for this condition since (date) _____. It is my medical opinion that he/she has a LIFE THREATENING, TERMINAL OR MEDICAL CONDITION likely to result in a SUBSTANTIAL PERMANENT DISABILITY within the next year. The **diagnosis** and resulting **prognosis** for this condition is:

DIAGNOSIS: _____

PROGNOSIS: _____

Physician's Signature: _____

Date: _____

Physician's Name: _____

Phone: _____

Office Address: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For the Department of Employee Relations Use ONLY

Approved

Denied

Maria Montegudo, Director – Employee Relations

Date