



DEPARTMENT OF HUMAN RESOURCES
9 WALTERS AVENUE, UNIT 5075
STORRS, CT 06269-5075
Telephone: 860-486-0400
Facsimile: 860-486-0406

MEDICAL CERTIFICATE INTAKE FORM

This form should accompany each medical note that you submit to Human Resources. Human Resources will confirm receipt of the medical note with your supervisor and other persons identified below. For confidentiality, medical notes should not be submitted to supervisors or department representatives.

Please print clearly

EMPLOYEE NAME (LAST, FIRST)	EMPLOYEE NUMBER	DEPARTMENT
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SUPERVISOR NAME (LAST, FIRST)

OTHERS IN DEPARTMENT TO NOTIFY