



**Medical Documentation Authorization**

Office of Human Resources  
 New River Community and Technical College  
 280 University Drive  
 Beaver, WV 25813  
 Phone: (304) 929-6717 Fax: (304) 929-6707

EMPLOYEE TO COMPLETE

Last Name:	First Name:	Middle Initial:
Social Security Number:		Home Phone:
Home Address:		
City:		State:      Zip:
Department:		Leave Due to Worker's Comp? Yes <input type="checkbox"/> No <input type="checkbox"/>
Classified Title/NC Title/Faculty Title:		
Supervisor's Name:		Campus Phone:

*I hereby authorize New River Community and Technical College to obtain any medical documentation necessary to process this request. I understand that this form needs to be completed in full and additional medical information may be required. NRCTC may request additional information, if needed. I am aware that NRCTC seeks medical information in order to assess employability options including accommodation or restrictions from work. Sick or annual leave charged will be determined based upon information provided. Leave determination include Family Medical Leave Act, Parental Leave Act, ADA monitoring, use of sick leave and Catastrophic leave.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*\*Please complete the appropriate Certification of Health Care Provider for employee's serious health condition or family member's serious health condition.  
 These forms may be obtained in the Office of Human Resources.**

FOR OFFICE USE ONLY

\_\_\_\_\_  
Medical LOA Approved Through

\_\_\_\_\_  
Catastrophic Approved Through

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date