



Egg Harbor Township Schools
Office of Human Resources
13 Swift Drive
EHT, NJ 08234

SEND TO: Kathi Carmen
CAO Slaybaugh Primary

e-mail: carmenk@eht.k12.nj.us
Voice: 609-646-7911 ext. 1032

Critical Illness Verification Form

Employee Information

Name: _____

Location: _____

Please check one of the following:

- | | | | |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Secretary | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Facilities/Custodial |
| <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> CAO | <input type="checkbox"/> IT Dept. | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Administrator/
Supervisor | | | |

Date of Absence: _____

Name of individual from immediate family/household requiring care:

Relationship of individual from immediate family/household requiring care:

Notes/Comments to the Human Resources Department:

*You must attach a Physician's Note upon your return to work. Please have physician state that you were present at visit.

Human Resources Director Approval

- Approved Rejected

Comments:

X

Dr. Carolyn Gibson
Director Of Human Resources

