



OCCUPATIONAL HEALTH
Extended Sick Leave (ESL) Consideration Request

Fax to your site Occupational Health Office:

- Lakewood Occupational Health Fax #: 732-942-9554
- Neptune Occupational Health Fax # 732-776-4210
- Holmdel Occupational Health Fax # 732-450-2931
- Eatontown Occupational Health Fax # 732-263-7946
- Manalapan Occupational Health Fax # 732-450-2746
- Toms River Occupational Health Fax # 732-557-9159
- Iselin Occupational Health Fax # 732-362-3873
- Piscataway Occupational Health Fax # 848-230-6830
- HUMC Occupational Health Fax # 551-996-8750

Team Member Name: _____

Team Member's Phone Number: _____

Team Member's Leader: _____

Leader's Phone Number: _____

Leader's eMail Address: _____

Number of ESL days being requested _____

Date(s) team member is requesting
ESL for: _____

Attached Document:

- Health Care Provider's certification that the above named team member had a procedure with sedation or was unexpectedly hospitalized for 3 days or less. Must include the date(s) of service and the medical explanation of what was done as well as the provider's contact information.

The request for ESL consideration is time sensitive. ESL cannot be requested until after the procedure or hospitalization but should be completed and forwarded to Occupational Health as soon as the event is concluded. Occupational Health cannot be responsible for seeking the information required to be supplied by the team member. Failure to comply will result in a rejection of the request.

Team Member Signature

Date//Time