

Informed Decision When Leaving Work

This form is only for work-related illness or injury

I am leaving work before the end of my shift without being evaluated by a physician, I understand that this time will be deducted from my personal leave (sick, vacation, etc.). This includes the remainder of this shift and any additional missed work, until such time as a physician evaluates my injury/illness, and places me on limited or no duty.

I understand that this time will **not** be granted back to me in the event that I am evaluated by a physician.

Employee

Date

Supervisor/Commander

Date