



## EMPLOYEE RELATIONS

### 602.6F – REQUEST FOR MEDICAL/SICK LEAVE DOCUMENTATION – GINA WARNING FORM

#### Medical/Sick Leave Documentation – GINA Warning

##### WARNING LANGUAGE

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the District directs that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Date/time of documentation request:

Dates of sick leave:

##### Employee's Certification

I certify that I have been provided the above GINA warning relating to my providing documentation of authorized use of sick leave OR work-related medical exams (see Policy 602.6 - Definitions).

Employee's name (print):

Employee's signature:

Date:

**Supervisor's Certification** (If a supervisor is unable to provide an employee with the above GINA warning in writing at the time of requesting substantiating evidence of authorized use of sick leave, the supervisor may read the above warning language to the employee and certify to that warning below.)

I certify that I read the above GINA warning language to the above-named employee relating to a request for substantiating evidence of authorized use of sick leave.

Date of reading:

Supervisor's name (print):

Supervisor's signature:

Date: