



**MILITARY-SERVICE-CONNECTED DISABILITY VISIT
CERTIFICATION FORM**

An employee who has been rated by the United States Department of Veterans Affairs (VA) to have incurred a military-service-connected disability and **has been scheduled by the VA** to be reexamined or treated for the disability shall be granted administrative leave for such reexamination or treatment without loss of pay or benefits. However, such paid leave may not exceed 48 hours per calendar year pursuant to section 110.119, Florida Statutes.

To be granted administrative leave, documentation must be submitted stating the visit was for a military-service-connected disability. Documentation may be a doctor's note, or this form.

This form is to certify that the medical appointment was for a military-service-connected disability, thus providing proper documentation for the employee's personnel record at the *Florida Department of Commerce*.

Employee completes:
Employee Name: _____
Date of Visit: _____
Name of VA/Choice Program Facility: _____
Address of VA/Choice Program Facility: _____
VA or Choice Provider completes:
Doctor/Nurse seen: _____
(Print Name) (Sign Name)
This visit was for a military-service-connected disability. Yes _____ _____ No

For Department of Commerce employees:

- 1) People First ID #: _____
- 2) Use Hours Type 0075 – Admin-Veterans Disability for approved military-service-connected disability appointments.
- 3) **This form must be given to your supervisor and Human Resource Management.**

For attendance and leave questions contact:
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