**Request for**

**Additional Sick Family Absence**

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| **PART I: TO BE COMPLETED BY EMPLOYEE** |
| Employee Name | Personnel Number |
|       |       |
| Agency | Work Location/Building |
|       |       |
| Family Member’s Name | Relationship to Recipient |
|       |       |
| **Employee Statements:** |
| I am requesting to use additional accrued sick absence quota to cover my family member’s illness or injury. I understand that at no time shall I be permitted to use my anticipated sick absence quota for this reason and leave granted may only be used for absences due to this condition.[ ]  I have worked for the commonwealth for at least one year. [ ]  I have used 20 days (150/160 hours) of absence for this reason this leave calendar year.[ ]  A Serious Health Condition Certification form that supports absences due to my family member’s illness or injury is attached to this request.[ ]  To date, the following paid/unpaid absences have been used due to my family member’s illness or injury within the current leave calendar year. **List absences below.** |
|       |
| [ ]  The additional sick absence quota will be used to cover absences due to my family member’s illness or injury. |
|  | Begin Date: | End Date: | Total Days used to Date: | Total Days Requested: |  |
|  |       |       |       |       |  |
|  |
| Employee’s Signature | Date |
|  |       |
| **PART II: TO BE COMPLETED BY HUMAN RESOURCES OFFICE** |
| [ ]  A Serious Health Condition Certification form is attached to this request.[ ]  The employee has at least one year of service. [ ]  The employee’s absences listed above were due to their family member’s illness or injury. |
|  | Date SF was Exhausted: | Years of Service: | Employee’s current Sick Quota: |  |
|  |  |  |  |  |
|  |
| [ ]  Approved | Total Days Allowed: | [ ]  Disapproved |
|  |  |  Reason: |
|  |
| HR Director or Designee Signature | Date |
|  |  |