**Request for**

**Special Extension of Sick Leave**

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| **PART I: TO BE COMPLETED BY EMPLOYEE** | | | | | | | | | | | | | | | |
| Employee Name | | | | | | | | | | | | Personnel Number | | | |
|  | | | | | | | | | | | |  | | | |
| Agency | | | | | | | | | | | Work Location/Building | | | | |
|  | | | | | | | | | | |  | | | | |
| **Employee’s Statements:** | | | | | | | | | | | | | | | |
| I am requesting a special extension of sick absence quota to cover my illness or injury. I understand that I must have worked for the commonwealth at least one year since my most recent date of hire and leave granted may only be used for absences due to this condition.  A Serious Health Condition Certification form that supports absences due to my illness or injury is attached to this request.  Documentation that shows that a severe hardship will result if this request is not granted is attached to this request. Note: Requests beyond initial entitlement are granted only in cases of severe hardship.  To date, the following paid/unpaid absences have been used due to my illness or injury within the current leave calendar year. **List absences below.**    The special extension of sick leave will be used to cover absences due to my illness or injury. | | | | | | | | | | | | | | | |
|  | | | Begin Date: | | | | | End Date: | | | Total Days Requested: | | |  | |
|  | | |  | | | | |  | | |  | | |  | |
|  | | | | | | | | | | | | | | | |
| Employee’s Signature | | | | | | | | | | | Date | | | | |
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| **PART II: TO BE COMPLETED BY HUMAN RESOURCES OFFICE** | | | | | | | | | | | | | | | |
| Recipient is/will be able to return to work.  Recipient has used all accrued absence quota and all anticipated annual and sick absence quota for this | | | | | | | | | | | | | | | |
| leave calendar year. | | | | | Date Quota Exhausted: | | | | Recipient’s years of service: | | | |  | | |
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| Total cost of requested absence: | | | | | | | Total Hours: | | | | Total Cost: | | | |  |
|  | | | | | | |  | | | |  | | | |  |
|  | | | | | | | | | | | | | | | |
| HR Director or Designee Signature | | | | | | | | | | | Date | | | | |
|  | | | | | | | | | | |  | | | | |
| **PART III: TO BE COMPLETED BY AGENCY HEAD** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Approval | | Hours Granted: | | | | Disapproval | | | | | | | | | |
|  | |  | | | | Reason: | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Request approval beyond initial entitlement through Executive Board | | | | | | | | | | | | | | | |
|  | Total Hours Requested: | | | Reason for Request: | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Agency Head’s Signature | | | | | | | | | | Date | | | | | |
|  | | | | | | | | | |  | | | | | |
| **PART IV: TO BE COMPLETED BY OFFICE OF ADMINISTRATION** | | | | | | | | | | | | | | | |
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| Approval | | Hours Granted: | | | | Disapproval | | | | | | | | | |
|  | |  | | | | Reason: | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Secretary of Administration/Designee Signature | | | | | | | | | | | Date | | | | |
|  | | | | | | | | | | |  | | | | |