**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 |
|  |  |
| **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: |  |
|  |  |  |  |
|  |
| [ ]  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** |
|  |
| [ ]  Approval  | Hours Granted: | [ ]  Disapproval  |
|  |  |  Reason: |
|  |
| Secretary of Administration/Designee Signature | Date |
|  |  |