**Request for**

**Additional Sick Family Absence**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |
|  | | | | | |  | | | | |