



REQUEST FOR EXTENDED SICK LEAVE FORM

Employee Legal Name:	Program:
Start Date: ____/____/____	Total Extended Sick Time Off
Return Date: ____/____/____	_____

<p>*Please attach documentation from your health care provider*</p>
<p>1) Employees who have been out on sick leave for three (3) or more consecutive work days or caring for a sick dependent (e.g., child; partner; parent) due to illness may request access to their extended sick leave. Employees must submit documentation from a health care provider to their supervisor certifying the medical necessity for the absence and expected date of return to work.</p> <p>2) Employees with chronic illnesses do not need to be out three (3) or more consecutive days to qualify for the use of their extended sick leave. The extended sick leave may be used for medical treatment due to a chronic illness of either the employee or the employee’s dependent (e.g., child; partner; parent). A qualified doctor’s medical certification documenting the chronic illness will be required prior to granting permission to draw on extended sick leave.</p>
<p>* Please refer to our Sick Leave Policy for more information</p>

Employee Signature

Date

Supervisor Signature

Date

Director of People & Culture

Date