

WCSU REQUEST FOR EXTENDED SICK LEAVE

*Submit this form to your Building Principal for any leave **greater than five consecutive days.***

School: _____

Name of Applicant: _____

I am requesting an extended sick leave for the following reason:

- Personal Illness
- Family Illness
- Pregnancy/Parental Family Leave

Expected Duration of Leave

Beginning Date: _____

Projected Date of Return to Work: _____

Please attach any appropriate documentation (i.e. physician's note) to this request. A Leave Request and Absence Report Form (Form #17) must be completed when actual leave is used, paid or unpaid.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Leave Balance Prior to Requested Leave: _____

Principal's Signature: _____

cc: WCSU Personnel File
 Payroll
 Employee