

Pflugerville ISD
227904

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(EXHIBIT)

EXTENDED SICK LEAVE – EMPLOYEE MEDICAL REQUEST FORM

(An acute injury or illness that poses an immediate risk to the employee's own personal health or immediate family)

Date: _____

Request # _____ for Academic Year _____

Attach PfISD Extended Sick Leave Physician's Verification Form. Forward All Copies to the Leave Office.

CAMPUS/LOCATION _____ JOB TITLE _____

NAME _____

First

Middle

Last

ADDRESS _____

Street

City

State

Zip

E NUMBER # _____ PHONE: _____

NUMBER OF DAYS REQUESTED FROM BANK _____ (3 days maximum, 1 day minimum)

REQUEST IS FOR ABSENCES RELATING TO:

- Self
- Spouse
- Son/daughter
- Parent

REASON FOR LEAVE REQUEST: _____

VERIFICATION OF DATES OF ABSENCE(S) FOR WHICH LEAVE IS REQUESTED: _____

EMPLOYEE'S SIGNATURE: _____ Date: _____

EXTENDED SICK LEAVE OFFICIAL (OFFICE USE ONLY)

Request Approved: Yes _____ No _____ Signature: _____ Date: _____

