APPLICATION FOR EXTENDED SICK LEAVE

Lackland Independent School District

In accordance with Board Policy DEC Local, after all available state and local leave days have been exhausted, an employee shall be granted in a school year a **maximum of 15 leave days of extended sick leave** to be used only for the employee's own catastrophic illness or injury, including pregnancy-related illness or injury.

Please state a brief description and reason for requesting the Extended Sick Leave, and attached a medical certification:

_____

Anticipated return date: _____

The average daily rate of pay of a substitute (or a proportionate amount established by the Board by personnel classification) shall be deducted for each day of extended sick leave taken, whether or not a substitute is employed.

- The non-degreed substitute rate shall be used for all non-exempt staff.
- The degreed substitute rate shall be used for all exempt staff regardless of whether the employee has a degree and/or certification.

I have read carefully and fully understand the rules for extended sick leave and my request is made in accordance with such rules.

NOTE: If you do not qualify for the extended sick leave, the appropriate absence deduction will be made to your wages.

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SIGNATURE OF EMPLOYEE	ASSIGNMENT	DATE
_____	_____	_____
PRINT NAME	STREET ADDRESS	CITY/ ZIP CODE

This application should be completed and given to the payroll department.

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PAYROLL DEPARTMENT USE

This request for extended sick leave is ( ) approved or ( ) not approved. Effective date: _____

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PAYROLL DEPARTMENT

Posted by District Only

Pay date	Day	Date	Time of Abs	Code		Code	Units	Initials