

WCSU REQUEST FOR EXTENDED SICK LEAVE

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

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, if it has not been provided previously. An Absence Report Form must be completed when actual leave is used, paid or unpaid, if not an extension to an approved FMLA leave.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY Leave

Balance Prior to Requested Leave: _____

Principal's Signature: _____

Superintendent Signature: _____

cc: WCSU Personnel File
Payroll
Employee