

Memorandum

TO: WENDY POPPLETON – MANAGER OF BENEFITS, HR
FROM:
DATE:
SUBJECT: Request For Extended Sick Leave

Under the provisions of Policy 5-200, Leaves of Absence (Health-Related), I hereby request _____ hours of extended sick leave benefits for the following employee:

Name: _____ Employee ID# _____

Job Title: _____

Department: _____ Contact Phone Number: _____

A doctor's statement is enclosed regarding medical condition to include the estimated length for recovery.

ACTION BY THE COGNIZANT DEPARTMENT HEAD

Approval of this request for extended sick leave benefits is based on the following justification:

Funding is available to cover costs of Extended Sick Leave benefit.

Department Head: _____
Signature Date

Dean: _____
Signature Date