



PART I – To be completed by the employee

Name:

Date:

UID:

Title:

Department:

Date University System employment began

Total years of service: (must have at least five years of service)

Regular Status Employee, with an FTE of at least 50%? ☐ Yes ☐ No

Date absence from duty began:

Probable date you will return to work:

Signature

Printed Name

Date

IMPORTANT

Attach a medical certificate from your medical provider (with the title and original signature) which must include the following specific information: a statement that you are required to be absent from work due to illness, injury, or disability, the duration of your absence from work, and the prognosis of your ability to return to work.

PART II – To be completed by the department

Does the Employee have a satisfactory record of sick leave usage? ☐ Yes ☐ No

If no, explain:

Does the Employee have a satisfactory work record? ☐ Yes ☐ No

If no, explain:

PART III – To be completed by the Office of Staff Relations

Number of days/hours being requested:

Date on which all paid leave will be exhausted. (All leave, including annual, sick, personal and compensatory leave – if applicable – and advanced sick leave must be exhausted before extended sick leave can be granted):

Has the employee been granted extended sick leave previously? ☐ Yes ☐ No

If yes, please indicate when and for how many months:

PART IV – Department Chairperson Approval

☐ Approved ☐ Disapproved Reason:

Signature

Printed Name

Date

PART V – Assistant Vice President, University Human Resources Approval

☐ Approved Number of days/hours approved:

☐ Disapproved Reason:

Signature

Printed Name

Date