

Skellytown, Texas 79040 www.springcreekisd.net

EXTENDED SICK LEAVE REQUEST Date of Request:		
Employee Name:		
Last Name Fire	st Name	M.I.
Employee Position:		
EXTENDED SICK LEAVE DETAILS:		
Leave Expected to Begin:	Expected Return to Work:	
Extended Sick Leave Request is due to:		
☐ Personal injury or illness that renders me unable to	perform my essential job	duties
☐ Personal pregnancy-related illness or injury		
pring Creek ISD Policy Manual provides the following require	ements with regard to Exte	ended Sick Leave.
DEC (Local): After all available state and local leave days hav in a school year a maximum of 20 leave days employee's own personal illness or injury, inclu-	of extended sick leave to	be used only for the
A written request for extended sick leave must the illness or injury.	be accompanied by the n	nedical certification of
The average daily rate of pay of a substitute fo each day of extended sick leave taken, whether		
I understand that this Extended Sick Leave Request must be acording or injury using SCISD's <i>Physician's Statement for Extended Sici</i>		
Signature:	Date:	
R OFFICE USE ONLY	Employee's Current Lea	ve Activity:
eipt of Required Documents for Extended Sick Leave:	State Leave Days:	Local Leave Days:
Completed SCISD Extended Sick Leave Request		ate for Extended Leave
Date Received by Employee:		with accumulated nd/or local leave
Completed SCISD Physician's Statement for Extended Sick Leave	Begin D	ate for 20 Days Extended
Date Received by Employee:	Sick Lea	•
t/Designee Name:	Begin D	ate for Unpaid Leave
t/Designee Signature:		