

**CENTER INDEPENDENT SCHOOL DISTRICT
EXTENDED EMERGENCY SICK LEAVE REQUEST FORM**

After all available state and local leave days, including leave granted from the Sick Leave Bank, have been exhausted, an employee shall be granted in a school year, a maximum of 20 leave days of extended emergency sick leave to be used only for the employee's own catastrophic illness or injury, including pregnancy-related illness or injury. A written request for extended emergency sick leave must be accompanied by medical certification of the illness or injury. The average daily rate of pay for a substitute for the employee's position shall be deducted for each day of extended emergency sick leave taken, whether or not a substitute is employed.

Employee Name: _____ **ID #:** _____

Campus/Department: _____

Position: _____

I would like to request _____ (20 max) days of Extended Emergency Sick Leave for the following reason:

Request Beginning Date: _____ **Request Ending Date:** _____

I authorize the Center ISD Board of Trustees to obtain medical certification information pertaining to this request from my attending physician.

Employee Signature: _____ **Date:** _____

Physicians Statement:

Patient's Name: _____

Nature of sickness/injury: _____

Date(s) of Treatment: _____

Date(s) hospitalized, if any: _____

Hospital Name: _____

Was surgery scheduled? Yes No

Were there complications arising from this illness/surgery? Yes No

If yes, please explain: _____

How long will/was the patient be unable to perform their regular job duties?

Date patient can return to work: _____

Physicians Signature: _____ **Phone Number** _____

Printed Name: _____ **Date:** _____

Office Use Only:

Date Received: _____

Verified all available leave has been used: _____

Of Days valid for request: _____

Board Meeting Date: _____

Board Decision: Approved Denied **# of Days Approved:** _____